

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04976

518

## CERTIFICATE OF DEATH

Reg. Dist. No. 141

## 1. PLACE OF DEATH:

County

City or town

Frederick

Brunswick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

58 years

Hospital, institution, or street address where death occurred:

712 East B St.

How long in hospital or institution?

## 3. (a) FULL NAME

George H. Albert

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Ida M. Ray

6. (c) If alive, give age 83 years

7. Birth date of deceased (mo., day, yr.)

Nov. 22 1864

8. AGE:

Years 83

Months 5

Days 9

If less than one day hrs. min.

9. Birthplace

Maryland

(Town, County, and state)

10. Usual occupation

B. &amp; R.R. Car Repairman

11. Industry or business

MOTHER FATHER

12. Name Edna Albert

13. Birthplace Brooklyn, Maryland

14. Maiden name Eliza

15. Birthplace Maryland

16. Informant

Address

Edna Hoar

Brunswick Md.

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof 5-3-48  
(month) (day) (year)

Cemetery or crematory

Park Heights

Location Brunswick Md.

18. Funeral director

Address

G. H. Foster Bros

Brunswick Md.

19. Date rec'd by registrar

Address

May 1 1948

Heddy H. Brown

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Frederick

City or town

Brunswick

(If outside city or town limits, write RURAL and give nearest town)

Street No.

712 East B St.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

May 1

1948 at 6:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 12, 1948, to May 1, 1948

and that I last saw him alive on May 1, 1948

Immediate cause of death

Acute myocarditis with congestive heart failure

DURATION

Due to

Due to

Other conditions

Paroxysms of knot

? ?

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

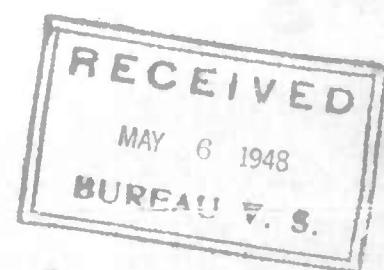
23. SIGNATURE

W. B. Capen

M. D. or other

Lanarkville, Va.

Date signed 5/1/48



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04977

94a

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH

County

Frederick

City or town

Frederick, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

16 hours

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Montgomery

City or town

Boyds, Md - (Rural)

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

1 May 1948, at 1013 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

DECEMBER 24, 1947, to 1 MAY 1948

and that I last saw him alive on 1 MAY 1948

## Immediate cause of death

CORONARY OCCLUSION

## DURATION

24 hours

## Due to

ARTERIOSCLEROSIS

10 years

## Due to

VESSEL CHANGES

10 years

## Other conditions

none

(Include pregnancy within 3 months of death)

## Major findings of operations

none

Date of op.

none

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

## Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

## Means of injury

Injured at work?

## 23. SIGNATURE

John S. Fawcett, M.D.

M. D. or other

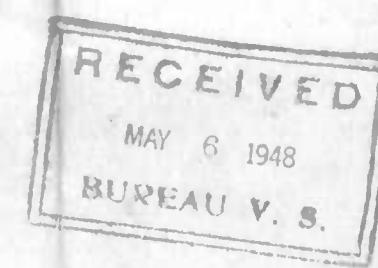
Address

Boyds, Md. Date signed 1 May 48

## 19. I - May 1948

(Date rec'd by registrar)

Registrar







PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04975

83a

## CERTIFICATE OF DEATH

Reg. Distr. No. 181 141

## 1. PLACE OF DEATH:

County Frederick

City or town Brunswick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Several Years

Hospital, institution, or street address where death occurred:

523 East Potomac Street

How long in hospital or institution?

## 3. (a) FULL NAME

CLAUDIA MAY BARGER

## 3. (b) Social Security Number

None

## 4. Sex

F

## 5. Color or race

W

## 6. (a) Single, married, widowed, or divorced

M

## 6. (b) Name of husband or wife

Marshall E. Barger

6. (c) If alive, give age 55 years

## 7. Birth date of deceased (mo., day, yr.)

November 24, 1894

## 8. AGE: Years

53

Months

5

Days

15

If less than one day

hrs. min.

## 9. Birthplace

Jefferson-West Virginia

(Town, county, and state)

## 10. Usual occupation

At Home

## 11. Industry or business

MOTHER FATHER

William H. Mohler

## 13. Birthplace

Jefferson County West Virginia

## 14. Maiden name

Nellie Klipp

## 15. Birthplace

Jefferson County West Virginia

## 16. Informant

Marshall E. Barger

## 17. Burial

Address 523 E. Potomac St., Brunswick, Md.

Date thereof 5/11/48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Frederick Memorial Park

## Cemetery or crematory

Frederick, Maryland

## 18. Funeral director

M. R. Etchison and Son

## Address

Frederick, Maryland

## 19. (Date rec'd by registrar)

1948 Eugenia H. Barger

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Brunswick (If outside city or town limits, write RURAL and give nearest town)

Street No. 523 East Potomac Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

May 9

1948 at 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 3 1948 to May 9 1948

and that I last saw her alive on May 9 1948

## Immediate cause of death

Cerebral hemorrhage

Due to: Thy pernicious +  
Atherosclerosis

## Due to:

Other conditions Cerebral hemorrhage

(Include pregnancy within 8 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

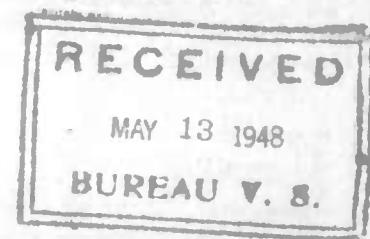
## Means of injury

Injured at work?

## 23. SIGNATURE

A. J. Barger  
Jefferson MD  
M. D. or other  
Date signed 5/9/48

Address



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04980

## CERTIFICATE OF DEATH

Reg. Dist. No. 94a

131

## 1. PLACE OF DEATH:

County. **Frederick**City or town. **Rural - Frederick**

(If outside city or town limits, write RURAL and give nearest town)

**Lifetime**

How long in above place of death?

Hospital, Institution, or street address where death occurred:

**Frederick County Home**How long in hospital or institution? **2 mos.**

## 3. (a) FULL NAME

**Charles Wesley Biddinger**

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
<b>Male</b>	<b>White</b>	<b>Separated</b>

6. (b) Name of husband or wife.

6. (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.)

**May 31-1880**

8. AGE: Years	Months	Days	If less than one day
<b>67</b>	<b>11</b>	<b>27</b>	hrs. .... min.

9. Birthplace. **Frederick County Maryland**

(Town, county, and state)

10. Usual occupation. **Laborer**

## 11. Industry or business

12. Name. **John D. Biddinger**13. Birthplace. **Frederick County Maryland**14. Maiden name. **Mary A. Harris**15. Birthplace. **Frederick County Maryland**16. Informant. **Records Frederick Co. Home**Address. **Frederick, Md.**17. Burial. **Burial** Date thereof. **May 31, 1948**  
(Burial, cremation, or removal. Which) (month) (day) (year)Cemetery or crematory. **Mount Zion Cemetery**Location. **Nr. McKaig, Maryland**18. Funeral director. **C.E. Cline and Son**Address. **Frederick, Maryland**19. **31 May 1948**  
(Date rec'd by registrar)**Elizabeth J. Hech**  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State. **Maryland** County. **Frederick**City or town. **Frederick**

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war. **None**

## 3. (b) Social Security Number

**None**

## MEDICAL CERTIFICATION

2D. DATE OF DEATH **May 27th** 1948 at 3:40 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

**March 1**1948 to **May 26** 1948and that I last saw h.s. alive on **May 26** 1948

Immediate cause of death.

**coronary thrombosis**

Due to.

Due to.

Other conditions.

(Include pregnancy within 3 months of death)

Major findings of operations.

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

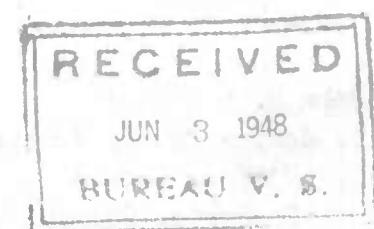
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE...

**Bernard Hyman Jr. M.D.**  
M. D. or other  
Address. **Frederick, Md.** Date signed **June 1, 1948**



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

468

04981

Reg. Dist. No. 144

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County Frederick  
City or town Thurmont

(If outside city or town limits, write RURAL and give nearest town)

Lifetime.

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Laura Margaret Bowers.

## 4. Sex

## 5. Color or race

## 6.(a) Single, married, widowed, or divorced

Female

White

Widowed

C. Calvin Bowers

## 6.(b) Name of husband or wife

## 6.(c) If alive, give age years

## 7. Birth date of deceased (mo., day, yr.)

February 12, 1880

## 8. AGE:

Years

Months

Days

If less than one day

68

3

hrs.

min.

## 9. Birthplace

Thurmont, Frederick Co., Md.

(Town, county, and state)

## 10. Usual occupation

Housewife

## 11. Industry or business

## MOTHER FATHER

John Freshman

## 12. Name

Thurmont, Md.

## 13. Birthplace

Laura Wolfe

## 14. Maiden name

Emmitsburg, Md.

## 15. Birthplace

Mr. Roger Bowers

## 16. Informant

Thurmont, Md. R.D. #2

## Address

## 17. Burial

Date thereof May 15, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Blue Ridge Cemetery

## Cemetery or crematory

## Location

Thurmont, Md.

## 18. Funeral director

M. L. Creager &amp; Son

## Address

Thurmont, Md.

## 19. May 14

1948

Blanche S. Eyer

Registrar

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Thurmont

(If outside city or town limits, write RURAL and give nearest town)

## Street No.

(If rural, give LOCATION)

## 2.(a) If veteran, name war

No

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

## 2D. DATE OF DEATH

May 12, 1948 at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 15, 1948 to May 12, 1948

and that I last saw her alive on May 10, 1948

## Immediate cause of death

Carcinoma of the liver

## DURATION

6 mos.

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

## Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

## Means of Injury

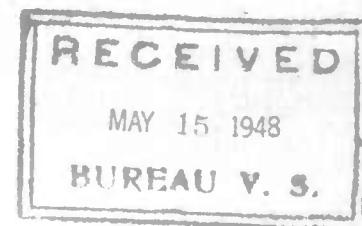
Injured at work?

## 23. SIGNATURE

J. James Gray

M. D. or other

Address Thurmont, Md. Date signed May 14, 1948



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04982

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

## 1. PLACE OF DEATH:

County... Frederick

City or town... State Sanatorium, Maryland

(If outside city or town limits, write RURAL and give nearest town)

Since 4/30/48

How long in above place of death?

Hospital, institution, or street address where death occurred:

Maryland Tuberculosis Sanatorium

How long in hospital or institution? Since 4/30/48

## 3. (a) FULL NAME

Melvin I. Coar

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Married

6.(b) Name of ~~wife~~ wife

E. Mildred Coar

7. Birth date of deceased (mo., day, yr.)

December 20, 1900

6.(c) If alive, give age 50 years

8. AGE:

Years

Months

Days

If less than one day

47

4

24

hrs.

min.

9. Birthplace... Ednor, Maryland

(Town, county, and state)

10. Usual occupation... Farmer

11. Industry or business

12. Name... John R. Coar

13. Birthplace Ednor, Md.

14. Maiden name... Mary Ada Harding

15. Birthplace Fulton, Maryland

16. Informant...

Address

17. Burial... Cemetery or crematory... Date thereof... May 17, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Meadowridge Cem.

Location... Wash-Balta Blvd. at Dorsey Rd.

18. Funeral director... J. Arthur Walters

Address... 505 Washington Blvd., Laurel, Md.

19. May 14, 1948  
(Date rec'd by registrar)

J. Arthur Walters

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Howard

City or town... Ellicott City  
(If outside city or town limits, write RURAL and give nearest town)

Street No... Waterloo Rd.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH... May 14, 1948, at 2:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 30, 1948, to May 14, 1948, and that I last saw h. im. alive on May 14, 1948.

Immediate cause of death...

Pulmonary Tuberculosis

DURATION

3. Mos.

Due to...

Due to...

Other conditions...

(Include pregnancy within 8 months of death)

Major findings of operations...

Date of op.

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

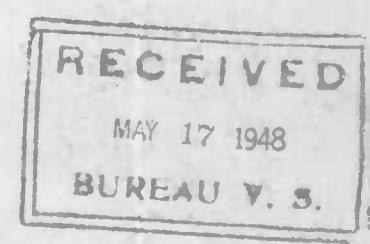
Injured at work?

23. SIGNATURE

R. W. Barnes

M. D. ~~MD~~

Address... State Sanatorium, Md. Date signed 5/14/48



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

638

041383

Reg. Dlat. No. ....

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County

Frederick

City or town

Frederick

(If outside city or town limits, write RURAL and give nearest town)

Lifetime

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

11 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Frederick

City or town

Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No.

2 Centre Street

(If rural, give LOCATION)

2.(a) If veteran, name war

None

## 3.(a) FULL NAME

Charlotte V. Cramer

## 3.(b) Social Security Number

None

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female

White

Married

6.(b) Name of husband or

Charles E. Cramer

6.(c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.)

February 14-1894

8. AGE: Years

54

Months

3

Days

8

If less than one day

hrs. min.

9. Birthplace

Adamstown-Frederick Co.-Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

Charles E. Esworthy

Frederick County Maryland

12. Name

Charles E. Esworthy

MOTHER FATHER

13. Birthplace

Frederick County Maryland

14. Maiden name

Susan V. O'Hara

15. Birthplace

Frederick County Maryland

16. Informant

Charles E. Cramer

Address

Frederick, Maryland

17. Burial

Date thereof May 25-1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or cemetery

Mount Olivet Cemetery

Location

Frederick, Md.

18. Funeral director

C.E. Cline and Son

Address

Frederick, Md.

19. Date rec'd by registrar

1948

Elizabeth L. Tech.

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 22nd. 1948 at 3:30p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 31 1948 to May 22 1948

and that I last saw her alive on May 22 1948

Immediate cause of death

Cerebral hemorrhage

DURATION

10 hrs.

Due to Hyper tension

27-05

Due to Hyperthyroidism

2 yrs.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

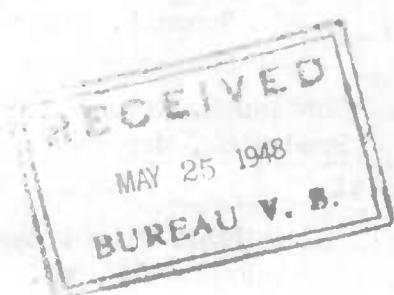
Means of injury

Injured at work?

23. SIGNATURE S. 125 Charles L. M. D.

M. D. or other

Address 5602 1/2 1st St. Fred. Date signed 5/24/48



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

488 X 04984

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County

Frederick

City or town

Frederick

(If outside city or town limits, write RURAL and give nearest town)

Lifetime

How long in above place of death?

Hospital, institution, or street address where death occurred:

200 East Fourth Street

How long in hospital or institution?

## 3. (a) FULL NAME

Phoebe Ann Crum

## 4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Widowed

## 6. (b) Name of husband

LeRoy I. Crum

6. (c) If alive, give age..... years

## 7. Birth date of deceased (mo. day. yr.)

June 7-1879

## 8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

## 9. Birthplace

Frederick County Maryland

(Town, county, and state)

## 10. Usual occupation

Housekeeper

## 11. Industry or business

## MOTHER FATHER

John M. Engle

Frederick County Maryland

## 12. Name

Anna C. Wiles

## 13. Birthplace

Frederick County Maryland

## 14. Maiden name

Frederick County Maryland

## 15. Birthplace

LeRoy I. Crum, Jr.

## 16. Informant

Address

200 E. 4th St.-Frederick, Md.

## 17. Burial

(Burial, cremation, or removal, where)

Date thereof May 26-1948

(month) (day) (year)

Cemetery or crematory

Mount Olivet Cemetery

## 18. Funeral director

C.E. Cline and Son

## Address

Frederick, Maryland

## 19. Date rec'd by registrar

14 May 1948

Elizabeth G. Heck

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town

Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No.

200 East Fourth Street

(If rural, give LOCATION)

2.(a) If veteran, name war

None

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

May 22nd.

1948 at 7:30p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw her alive on

Immediate cause of death

Dysentery

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

B. O. Hassas

M. D. or other

Address

Frederick, Md.

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04983

93d

## CERTIFICATE OF DEATH

Reg. Distr. No. 131

## 1. PLACE OF DEATH:

County Frederick

Other town Jefferson

(If outside city or town limits, write RURAL and give nearest town)

39 Years

How long in above place of death? 39 Years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

RACHEL WHITE DADE

## 4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F

W

M

## 6. (b) Name of husband or -

Maurice J. Dade

6. (c) If alive, give age 93 years

## 7. Birth date of deceased (mo. day. yr.)

July 18, 1856

## 8. AGE: Years

Months

Days

If less than one day

91

10

28

hrs.

min.

## 9. Birthplace

Frederick County Maryland

(Town, county, and state)

## 10. Usual occupation

At Home

## 11. Industry or business

## MOTHER FATHER

Joseph N. Chiswell

## 13. Birthplace

Frederick County Maryland

Eleanor White

## 14. Maiden name

## 15. Birthplace

Frederick County Maryland

Roger L. Dade

## 16. Informant

Jefferson, Maryland

## Address

Burial

Date thereof 5/18/48  
(Burial, cremation, entombment, etc.)  
(month) (day) (year)

## Cemetery or cemetery

Mount Olivet Cemetery

## Location

Frederick, Maryland

## 18. Funeral director

M. R. Etchison and Son

## Address

Frederick, Maryland

## 19. Date rec'd by registrar

1948

May 17

Elizabeth J. Hack

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Jefferson

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

None

2.(a) If veteran, name war

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

May 16

1948 at 5:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 3 1948 to May 16 1948

and that I last saw him alive on May 14 1948

## Immediate cause of death

Pneumonia edema

## DURATION

2 days

Due to Myocardial decom -

pericarditis

Due to Chronic Myocarditis

Splenitis

Other conditions Generalized

Arteriosclerosis

(Include pregnancy within 3 months of death)

## Major findings of operations

1

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

## Means of Injury

Injured at work?

## 23. SIGNATURE

C. J. Brice M. D.

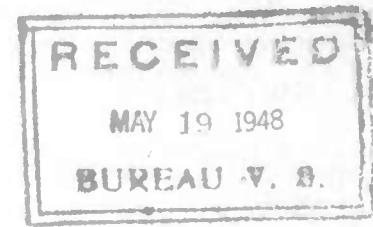
M. D. or other

Address

Date signed

Jefferson

May 16 1948





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04980

## CERTIFICATE OF DEATH

131

Reg. Dist. No. ....

1. PLACE OF DEATH:  
 County. Frederick  
 City or town. Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

Independent Hose Company 18 Church St.

How long in hospital or institution?.....

## 3. (a) FULL NAME

RUFUS EARL DERR

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	W	S

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)  
 April 13, 1891

8. AGE: Years      Months      Days      If less than one day  
 57      0      18      .hrs.      .min.

9. Birthplace Frederick-Frederick-Maryland  
 (Town, county, and state)

10. Usual occupation. Clerk

11. Industry or business

12. Name. Hiram A. Derr

13. Birthplace Frederick County Maryland

14. Maiden name. Florence May McClain

15. Birthplace Frederick County Maryland

16. Informant. Miss Ada E. Derr

Address 435 W. Patrick St., Frederick, Md.

17. Burial. Date thereof. 5/4/48  
 (Burial, cremation, or removal: Which) (month) (day) (year)

Cemetery or cemetery. Mount Olivet Cemetery

Location. Frederick, Maryland

18. Funeral director. M. R. Etchison and Son

Address Frederick, Maryland

19. Date rec'd by registrar. 4 May 1948

Elizabeth L. Tech  
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)

State. Maryland County. Frederick

City or town. Frederick (If outside city or town limits, write RURAL and give nearest town)

Street No. 435 West Patrick Street (If rural, give LOCATION)

2. (a) If veteran, name war. World War I

## 3. (b) Social Security Number

220-01-1749

## MEDICAL CERTIFICATION

20. DATE OF DEATH. May 1st, 1948 at 6:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him DEAD May 1st, 1948

and that I last saw him DEAD May 1st, 1948

Immediate cause of death. Coronary Thrombosis

DURATION. Death

Due to.

Due to.

Other conditions.

(Include pregnancy within 8 months of death)

Major findings of operations.

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of.

Where did injury occur? (City or town) (County) (State)

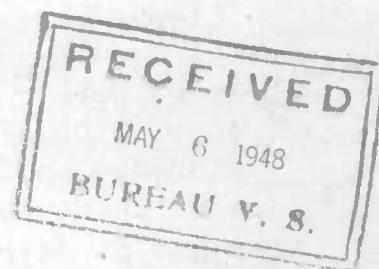
Injured at home, farm, industry, public place (where?)

Means of injury. Injured at work?

23. SIGNATURE. Charles L. Corley, Jr. Deputy Medical Examiner

M. D. or other

Address. Frederick, Maryland Date signed. 5-1-48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

4887  
04987

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

M

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:  
County. Frederick  
FrederickCity or town (If outside city or town limits, write RURAL and give nearest town)  
Life

How long in above place of death? Hospital, institution, or street address where death occurred:

114 Ice Street

How long in hospital or institution?

3. (a) FULL NAME

BESSIE MAY DORSEY

4. Sex F 5. Color or race C 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband or wife Harry F. Dorsey

7. Birth date of deceased (mo., day, yr.) November 17, 1883

8. AGE: Years 64 Months 5 Days 17 If less than one day . . . . . hrs. . . . . min.

9. Birthplace Frederick-Frederick-Maryland  
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

12. Name John T. Skinner  
13. Birthplace Frederick County Maryland14. Maiden name Rachel Herbert  
15. Birthplace Frederick County Maryland16. Informant Mrs. Kenneth Johnson  
Address Ice St., Frederick, Maryland17. Burial (Burial, exhumation, or removal, when?) Date thereof 5/7/48  
Fairview CemeteryCemetery or crematory Frederick, Maryland  
Location18. Funeral director M. R. Etchison and Son  
Address Frederick, Maryland19. (a) Name Elizabeth B. Heck  
(Date rec'd by registrar) 19. 4/8  
Registrar2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)State Maryland County Frederick  
City or town Frederick(If outside city or town limits, write RURAL and give nearest town)  
Street No. 114 Ice Street(If rural, give LOCATION)  
2. (a) If veteran, name war None

3. (b) Social Security Number None

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 4th 1948 at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 20 1948 to May 4 1948 and that I last saw her alive on May 1 1948

Immediate cause of death

Carcinoma Bladder

DURATION  
??

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Howard J. Ash, M.D.

M.D. or other

Address Frederick, Maryland Date signed 5-5-48

RECEIVED

MAY 8 1948

BUREAU V. S.

1  
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness  
is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04988

932

## CERTIFICATE OF DEATH

131

Reg. Dist. No.

## 1. PLACE OF DEATH:

Frederick

County

Frederick

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

253 East Church Street

How long in hospital or institution?

## 3. (a) FULL NAME

McCLINTON EARLY

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Minnie Gaver Early

7. Birth date of deceased (mo. day, yr.)

February 18, 1886

8. AGE:

Years

62

Months

2

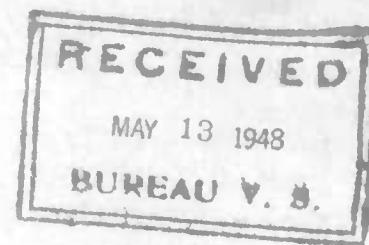
Days

22

If less than one day

hrs.

min.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04989

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

## 1. PLACE OF DEATH:

County: Frederick

City or town: State Sanatorium, Maryland  
(If outside city or town limits, write RURAL and give nearest town)

Since 9/21/36

How long in above place of death?

Hospital, institution, or street address where death occurred:

Maryland Tuberculosis Sanatorium

How long in hospital or institution? Since 9/21/36

## 3. (a) FULL NAME

Frank J. Edelen

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Married

6.(b) Name of ~~XXXXXX~~ wife: Mary V. Edelen

7. Birth date of deceased (mo., day, yr.)

July 4, 1878

6.(c) If alive, give age years

8. AGE:

Years Months Days If less than one day  
69 10 28 hrs. min.

9. Birthplace: Maryland

(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

12. Name: Frank Edelen

MOTHER FATHER

13. Birthplace: Maryland

14. Maiden name: Josephine Boarman

15. Birthplace: Maryland

16. Informant: Deceased

Address

17. Burial: Burial Date thereof: May 6, 1948  
(Burial, cremation, or removal, Which?) (monthly) (day) (year)

Cemetery or crematory: Mortuary Cem.

Location: Frederick, Md.

18. Funeral director: M. L. Creager &amp; Son

Address: Thurmont, Maryland

19. May 3 1948  
(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Charles

City or town: Newport  
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH: May 2

19 48 at 9:00 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 21 1936 to May 2 1948

and that I last saw h. im. alive on May 2 1948

Immediate cause of death:

Pulmonary Tuberculosis

P

DURATION

12 YRS.

XXXXX

Cardiac Failure

2 MOS.

Due to:

Other conditions:

(Include pregnancy within 8 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

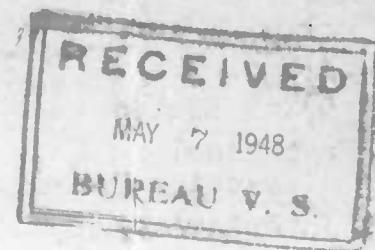
Injured at work?

23. SIGNATURE

R. L. Baccini

M. D. or other X

Address: State Sanatorium, Md. Date signed 5/3/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct  
is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04990

## CERTIFICATE OF DEATH

Reg. Diat. No. 131

## 1. PLACE OF DEATH:

County

Frederick

City or town

Frederick Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

1 week

Hospital, institution, or street address where death occurred

Frederick Memorial Hospital

How long in hospital or institution?

3-10-48 - 5-18-48

## 3. (a) FULL NAME

M. John A. Engle

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male

white

married

## 6. (b) Name of husband or wife

Mr. Frederick Engle

7. Birth date of deceased (mo., day, yr.)

9-8-1877

8. AGE:

Years

Months

Days

If less than one day

70 8 12 hrs. min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

Farmer

## 11. Industry or business

Francis Howard Engle

12. Name

Maryland

13. Birthplace

Ida Marion Lewis

14. Maiden name

Maryland

15. Birthplace

Frederick W. Engle

16. Informant

Mt. Airy Md.

Address

Burial

(Burial, cremation, or removal. Which?)

Cemetery or cemetery

Kemp Town

Location

Kemp Town

18. Funeral director

W. E. Falconer

Address

New Market Md.

19. Date rec'd by registrar

May 15 1948

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Frederick

City or town

Rural near. Bartholomew

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

2D. DATE OF DEATH

May 13

1948 at 11 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 10

1948 to

May 13

1948

and that I last saw him alive on

May 13

1948

Immediate cause of death

Rocky Mountain Spotted

Fever

Due to

Due to

Other conditions

Diabetes Mellitus

(Include pregnancy within 3 months of death)

Major findings of operations

None

Date of op.

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

A. A. O'Farrell, M.D.

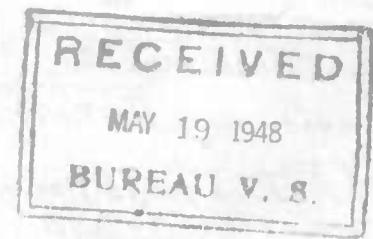
M. D. or other

Address

Frederick, Md

Date signed

May 13 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness  
is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

18602  
04991  
131  
Reg. Dist. No.

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County **Frederick**City or town **Frederick**

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? **Lifetime**

Hospital, institution, or street address where death occurred:

**220 West South Street**

How long in hospital or institution?

## 3. (a) FULL NAME

**ANNIE ELIZABETH ENGLEBRECHT**

## 4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

**Female****White****Widowed**

## B. (b) Name of husband or wife

**Frank L. Englebrecht**

## 7. Birth date of deceased (mo. day, yr.)

**April 18, 1870**

6. (c) If alive, give age .....

years

## 8. AGE:

Years **78**Months **1**Days **3**

If less than one day

hrs. .... min.

## 9. Birthplace

**Frederick County, Maryland**

(Town, county, and state)

## 10. Usual occupation

**Housewife**

## 11. Industry or business

## MOTHER FATHER

12. Name **William H. Hane**13. Birthplace **Frederick County, Maryland**14. Maiden name **Mary Brashears**15. Birthplace **Frederick County, Maryland**16. Informant **Mr. Oliver F. Englebrecht**Address **220 W. South St., Frederick, Md.**

## 17. Burial

(Burial, ~~cremation or removal which~~) Date thereof **May 21, 1948**

(month) (day) (year)

Cemetery or cemetery **Mount Olivet Cemetery**Location **Frederick, Maryland**18. Funeral director **C. E. Cline & Son**Address **Frederick, Maryland**19. Date rec'd by registrar **24 May 1948**

(Date rec'd by registrar)

*Elizabeth G. Hane*  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State **Maryland** County **Frederick**City or town **Frederick**

(If outside city or town limits, write RURAL and give nearest town)

Street No. **220 West South Street**

(If rural, give LOCATION)

2. (a) If veteran, name war **None**

## 3. (b) Social Security Number

**None**

## MEDICAL CERTIFICATION

20. DATE OF DEATH **May 21st** 19 48 at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

**1 Nov 23** 19 47 to **May 21, 1948** 19 48and that I last saw h.e. alive on **May 19** 19 47

Immediate cause of death

**Sepsis - from**  
**d. Sfuse cellulitis**Due to **Fractured Femur**

Due to

Other conditions **Arthrotic deformities**  
**(Atrophic)**

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide **Accident** Date ofWhers did injury occur? **Frederick** (City or town) (County) (State)Injured at home, farm, Industry, public place (where?) **Home**Means of injury **Fall**Injured at work? **None**

23. SIGNATURE

*S. R. Schowalter M.D.*

M. D. or other

Address **5 W 2nd Street Frederick** Date signed **5/22/48**



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04992

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County

Frederick

City or town

Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

3 hours

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

3 hours

## 3. (a) FULL NAME

Miss Hulda Elizabeth Ensor

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

8. (c) If alive, give age.....years

September 11, 1899

8. AGE,

Years

Months

Days

If less than one day

48

7

28

.....hrs. ....min.

9. Birthplace

Baltimore County Maryland

(Town, county, and state)

10. Usual occupation

School Teacher

11. Industry or business

William L. Ensor

MOTHER FATHER

Baltimore County Maryland

14. Maiden name

Bertha E. Ensor

15. Birthplace

Baltimore County Maryland

16. Informant

Hospital Records

Address

Burial

(Burial, cremation or removal, when?)

Date thereof.....

(month) (day) (year)

5/12/48

Cemetery or crematory

Bosleys Cemetery

Location

Sparks, Maryland

18. Funeral director

Brooks Funeral Home

Address

Sparks, Maryland

19. Death certificate

10 May 1948

(Date rec'd by registrar)

Elizabeth L. Hulse  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Baltimore

City or town Sparks

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

2D. DATE OF DEATH

May 9

1948 at 11:55 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 9, 1948, to May 9, 1948

and that I last saw her alive on May 9, 1948

Immediate cause of death

Acute myocarditis  
Due to: Myocardial suffocation

Due to: Thrombosis, Inflamed

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

None

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

A. A. Gear, M.D.  
K. L. Hulse, M.D.

M. D. or other

Date signed

RECEIVED

MAY 13 1948

BUREAU V. S.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

170c

04993

## CERTIFICATE OF DEATH

Reg. Dist. No. 113013

## 1. PLACE OF DEATH:

County

City or town

Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

in ambulance near Fred. Md. Mem. Hosp.

How long in hospital or institution?

## 3. (a) FULL NAME

Laura Etta Evans

## 3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

William Evans

7. Birth date of deceased (mo., day, yr.)

(?) 1864

6. (c) If alive, give age years

8. AGE:

Years 84

Months

Days

If less than one day

hrs. min.

9. Birthplace

North Carolina

(Town, county, and state)

10. Usual occupation.

11. Industry or business

12. Name John A. Crouse

13. Birthplace Sparta North Carolina

14. Maiden name Sarah Tolley

15. Birthplace North Carolina

16. Informant P. J. Richardson

Address Aberdeen Md.

17. Burial, cremation, or removal

Date thereof May 13-1948

(month) (day) (year)

Cemetery or crematory Sparta North Carolina

Location Sparta North Carolina

18. Funeral director C. H. Gute &amp; Son

Address Brunswick Md.

19. Date rec'd by registrar May 1948

Elizabethe H. Heck

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Har.

City or town

Aberdeen

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## MEDICAL CERTIFICATION

20. DATE OF DEATH

May 11 1948 at 3:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw her alive on May 11 1948

Immediate cause of death

compd fracture of legs

+ rt arm fracture

Due to 7 rods, stock

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of 5-11-48

Where did injury occur

Frederick Md. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Route 340 US (City or town) (County) (State)

Means of injury auto

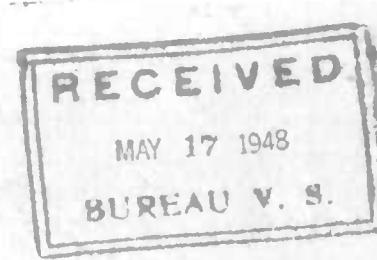
Injured at work no

23. SIGNATURE

P. W. Barr Deputy Cor.

Address Frederick, Md. Date signed 5-11-48

M. D. or other



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04994

## CERTIFICATE OF DEATH

Reg. Dist. No. 145

## 1. PLACE OF DEATH

County FrederickCity or town Rural Myersville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 48 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

James Milton Limestone

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

malewhitenone

6. (b) Name of husband or wife

none

7. Birth date of deceased (mo., day, yr.)

June 20, 1865

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

72 10 12

hrs. min.

9. Birthplace

Myersville, Frederick Co., Md.

(Town, county, and state)

10. Usual occupation.

Day laborer

11. Industry or business

MOTHER FATHER

12. Name

James Limestone

13. Birthplace

Myersville, Md.

14. Maiden name

Emma St. Hipp

15. Birthplace

Myersville, Md.

16. Informant

Mrs. Theresa Summers

Address

Myersville, Md.

17. Burial

Date thereof May 4, 1948  
(Burial, cremation, or removal. Which) (month) (day) (year)

Cemetery or crematory

Lutheran Cemetery

Location

Middletown, Md.

18. Funeral director

Gladdhill Co.

Address

Middletown, Md.

19. Date recd by registrar

May 4

1948

Edgar B. B.

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md.

County

FrederickCity or town Rural Myersville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

Spanish American War

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

2 May

1948

at 5:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Never

19

to

10

19

and that I last saw him alive on 2 May

1948

Immediate cause of death

Coronary Thrombosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

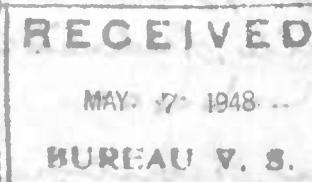
Charles N. Copley, Jr. M.D.and. Reg. No. Exam. M.D. or other

Address

Frederick, Md.

Date signed

5/4/48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

518-1

04995

## CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH: Frederick  
 County.....  
 City or town.....  
 (If outside city or town limits, write RURAL and give nearest town)  
 50 years  
 How long in above place of death?  
 Hospital, Institution, or street address where death occurred:  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 Md. Frederick  
 State..... County.....  
 City or town.....  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Water Street  
 (If rural, give LOCATION)

## 3. (a) FULL NAME

William Abraham Fogle

## 3. (b) Social Security Number

4. Sex: Male | 5. Color or race: White | 6. (a) Single, married, widowed, or divorced: Widowed  
 B. (b) Name of husband or wife: Carrie Irene Fogle  
 7. Birth date of deceased (mo., day, yr.): October 6, 1870  
 8. AGE: Years: 77 | Months: 7 | Days: 22 | It less than one day: hrs. min.  
 9. Birthplace: Rocky Ridge, Frederick Co. Md.  
 (Town, county, and state)  
 10. Usual occupation: Retired farmer

11. Industry or business:  
 MOTHER FATHER  
 12. Name: Adam Fogle  
 13. Birthplace: Maryland  
 MOTHER  
 14. Maiden name: Sarah Derr.  
 15. Birthplace: Maryland

16. Informant: Leonard Fogle  
 Address: Thurmont, Md.

17. Burial: Date thereof: May 31, 1948  
 (Burial, cremation, or removal. Which?) Date thereof: (month) (day) (year)  
 Cemetery or crematory: United Brethren

Location: Thurmont, Md.  
 18. Funeral director: M. L. Creager & Son

Address: Thurmont, Md.

19. Date registered by registrar: May 29, 1948  
 (Date reg'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: May 28 1948 11:45AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
 3-10 1940 to 5-27 1948  
 and that I last saw him alive on 5-26 1948

Immediate cause of death: Cassimenna  
 or cerebral bleed  
 Due to: Acid spine.

Due to: \_\_\_\_\_

Other conditions: \_\_\_\_\_  
 (Include pregnancy within 8 months of death)

Major findings of operations: \_\_\_\_\_  
 Date of op. \_\_\_\_\_

Autopsy results: \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: \_\_\_\_\_ Date of: \_\_\_\_\_

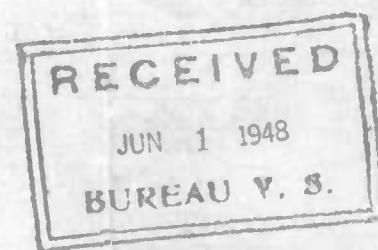
Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury: \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE: *W. L. Bridges* M. D. or other: \_\_\_\_\_

Address: 106 Ridge Street, Thurmont, Md. Date signed: May 29, 1948



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04995

108

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County: Frederick

City or town: Frederick

(If outside city or town limits, write RURAL and give nearest town)

Life

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

Since May 8, 1948

How long in hospital or institution?

## 3. (a) FULL NAME

MARY NETTIE FULMER

## 4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F

W

M

## 6. (b) Name of husband or

Charles V. Fulmer

6. (c) If alive, give age 50 years

## 7. Birth date of deceased (mo., day, yr.)

March 11, 1899

## 8. AGE: Years

Months

Days

If less than one day

49

2

9

hrs.

min.

## 9. Birthplace

(Town, county, and state)

## 10. Usual occupation

At Home

## 11. Industry or business

12. Name George R. Moberly

13. Birthplace Frederick County Maryland

14. Maiden name Mary Catherine Barnes

15. Birthplace Frederick County Maryland

## 16. Informant Charles V. Fulmer

Address 317 S. Market St., Frederick, Md.

## 17. Burial

Date thereof 5/22/48

(Burial, cremation, or removal. Write?)

(month) (day) (year)

Mount Olivet Cemetery

Cemetery or crematory

Frederick, Maryland

Location

M. R. Etchison and Son

## 18. Funeral director

Address Frederick, Maryland

## 19. Date rec'd by registrar

20 May 1948

Elizabeth G. Heck

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

County: Frederick

State: Maryland

City or town: Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 317 South Market Street

(If rural, give LOCATION)

2.(a) If veteran, name war

None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

May 20th 1948 12:40 A.M.

## 20. DATE OF DEATH

May 8th 1948 to May 20 1948

and that I last saw her alive on 20th

Immediate cause of death Lobar Pneumonia

DURATION

13 das

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

## Means of injury

Injured at work?

## 23. SIGNATURE

Robert S. Lyons

M. D.

M. D. or other

Frederick, Maryland Date signed 5-20-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

04997

## CERTIFICATE OF DEATH

Reg. Dist. No. 145

## 1. PLACE OF DEATH:

County

Frederick  
Myersville

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

13 mos.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Noah Preston Garnand

## 3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male White Married

6. (b) Name of husband or wife Mary E. Etta (grossnickle) Gafford

(c) If alive, give age 72 years

Birth date of deceased (mo., day, yr.) Nov 24, 1877

8. AGE:

Years Months Days If less than one day

70 5 3 hrs. min.

9. Birthplace

Myersville, Frederick, Md.

(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

Farmer

12. Name

John F. Garnand

13. Birthplace

Md

14. Maiden name

Emma F. Garnand

15. Birthplace

Md

16. Informant

Mrs. N. P. Garnand

Address

Myersville, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof May 5, 1948

(month) (day) (year)

Cemetery or crematory United Burial

Location Myersville, Md.

18. Funeral director

Paul S. Biddle

Address

Myersville, Md.

19. Date rec'd. by registrar

May 3 1948

D. Edgar Biddle

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Rural - Myersville

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1948 at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 1947 to May 2 1948

and that I last saw him alive on April 3, 1948

Immediate cause of death

Cardio-Respiratory

Due to

Disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

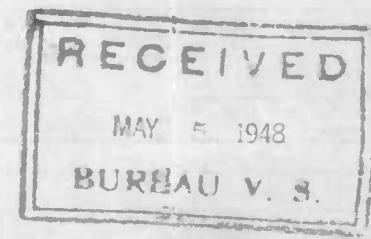
23. SIGNATURE

J. E. Harp, M.D.

M. D. or other

Address Medistown

Date signed 5-3-48



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04998

338

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH

County

Frederick

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution? 28 days

## 3. (a) FULL NAME

Bruce Garner (BRUCE DAVID GARNER)

4. Sex

5. Color or race

8. (a) Single, married, widowed, or divorced

M

C

S

6. (b) Name of husband or wife

8. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

June 8, 1945

8. AGE:

Years

Months

Days

If less than one day

2 10 28

hrs. min.

9. Birthplace

(Town, county, and state)

Infant

10. Usual occupation

11. Industry or business

William H. Garner, Jr.

12. Name

Frederick County Maryland

MOTHER FATHER

Olive Davis

14. Maiden name

Frederick County Maryland

15. Birthplace

William H. Garner, Jr.

16. Informant

138 W. All Saint St., Frederick, Md.

17. Burial

(Burial, cremation, or removal, where)

Date thereof

5/10/48

(month) (day) (year)

St. Johns Cemetery

Cemetery or crematory

Frederick, Maryland

Location

M. R. Etchison and Son

18. Funeral director

Frederick, Maryland

Address

19. Date rec'd by registrar

Elizabeth L. Heck

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

Frederick

State

County

Frederick

City or town

Frederick

Street No.

138 West All Saint Street

(If rural, give LOCATION)

None

2. (a) If veteran, name war

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH

May 6

10 48 11 1/2 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

4/18 10 48 11 1/2 M 5/6 10 48

and that I last saw him alive on

May 6,

Immediate cause of death

Tuberculosis

Measles, it is

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

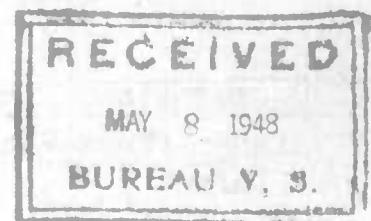
23. SIGNATURE

Address

Frederick, Maryland

M. D. or other

5-6-48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

170d

04999

131

## CERTIFICATE OF DEATH

Reg. Dist. No.

## 1. PLACE OF DEATH:

County

FREDERICK

City or town

FREDERICK

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 MINUTES

Hospital, institution, or street address where death occurred:

FREDERICK MEMORIAL HOSPITAL

How long in hospital or institution? 10 MINUTES

## 3. (a) FULL NAME

GRIMES, MARY AGNES

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

MARRIED

6. (b) Name of husband or -

Russell R. Grimes

6. (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.)

August 22 1909

8. AGE:

Years  
38Months  
8Days  
17If less than one day  
hrs. min.

9. Birthplace Westminster Carroll Co Md

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

-

MOTHER FATHER

12. Name Jacob E Ness

13. Birthplace Carroll Co Md

MOTHER

14. Maiden name Lucy Agnes Walsh

15. Birthplace Westminster Md

16. Informant

Russell R Grimes

Address

Nicodemus Rd Reisterstown Md

17. Burial

(Burial, cremation, or removal, when)

Date thereof May 12 1948

(month) (day) (year)

Cemetery or

Meadow Branch  
Westminster, Md.

Location

-

18. Funeral director

Wm Berryman &amp; Sons

Address

Reisterstown Md

19. May

1948

(Date rec'd by registrar)

Eligibility Test:

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Baltimore

City or town

Reisterstown Route 2

(If outside city or town limits, write RURAL and give nearest town)

Street No.

Nicodemus Road

(If rural, give LOCATION)

No

2.(a) If veteran, name war

## 3. (b) Social Security Number

216-28-0318

## MEDICAL CERTIFICATION

2D. DATE OF DEATH

9 MAY

1948

at 11:55 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

NEVER

19

to

19

and that I last saw h ER DEAD alive on

9 MAY

1948

Immediate cause of death

FRACTURED SKULL

DURATION

40 MIN.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

ACCIDENT

Date of

9 May 1948

Accident, suicide, or homicide

FRED...

Md.

Where did injury occur?

NR. JEFFERSON

County

FRED...

State

Injured at home, farm, industry, public place (where?)

U.S. ROUTE 340

Means of injury

THROWN FROM MOTORCYCLE

Injured at work?

No

23. SIGNATURE

Charles T Conley Jr. M.D.

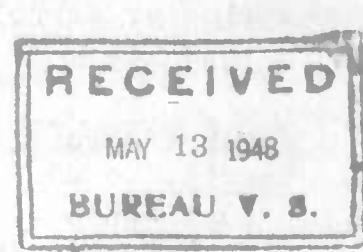
Cert. Sig. Med. Crem. M.D. or other

Address

FREDERICK, MARYLAND

Date signed

5/9/48.



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05660

## CERTIFICATE OF DEATH

93d  
131

Reg. Dist. No.

## 1. PLACE OF DEATH:

Frederick

County

Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, Institution, or street address where death occurred:

700 North Market Street

How long in hospital or institution?

## 3. (a) FULL NAME

MISS NANNIE GROFF

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Single

## 6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo. day, yr.)

July 10, 1867

8. AGE:

Years

Months

Days

If less than one day

80

10

16

hrs.

min.

## 9. Birthplace

Frederick, Frederick County, Md.

(Town, county, and state)

## 10. Usual occupation

Retired

## 11. Industry or business

MOTHER FATHER

12. Name

Capt. Joseph Groff

13. Birthplace

Lancaster County, Pa.

14. Maiden name

Susan Smith

15. Birthplace

Woodsboro, Md.

## 16. Informant

Mrs. Fannie Groff Dudrear

Address

Frederick, Maryland

## 17. Burial

(Burial, cremation, or removal)

Date thereof May 29, 1948  
(month) (day) (year)

Cemetery or columbarium

Mount Olivet Cemetery

## 18. Funeral director

C. E. Cline &amp; Son

Address

Frederick, Maryland

## 19. Date rec'd by registrar

28 May 1948

Elizabeth L. Tech  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No.

700 North Market Street

(If rural, give LOCATION)

2.(a) If veteran, name war

None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

## 2D. DATE OF DEATH

May 26th

1948

at 4:40 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

May 6, 1948, to May 26, 1948

and that I last saw her alive on May 26, 1948

## Immediate cause of death

Acute cardiac dilatation

Due to: Chorea and myoclonus

Gouty

## Due to:

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

## Means of injury

Injured at work?

## 23. SIGNATURE

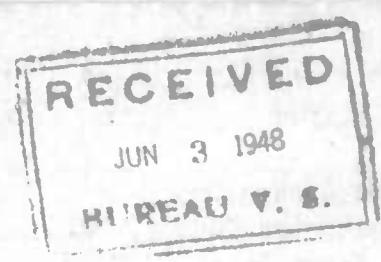
Elizabeth L. Tech

M. D. or other

Address

Frederick, Md.

Date signed May 28, 1948



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

65001

## CERTIFICATE OF DEATH

83a  
Reg. Dist. No.

131

## 1. PLACE OF DEATH:

County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 7 yearsHospital, institution, or street address where death occurred: MontevueHow long in hospital or institution? 7 years

## 3. (a) FULL NAME

Frank Hawkins

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male colored single

## 6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age

years

(unknown) 1860

8. AGE:

Years 88 Months  Days  If less than one day  hrs.  min. 

## 9. Birthplace

unknown  
(Town, county, and state)

## 10. Usual occupation

day laborer

## 11. Industry or business

unknown

MOTHER FATHER

12. Name

unknown

13. Birthplace

14. Maiden name

unknown

15. Birthplace

16. Informant

Russel House

Address

Midletown, Md.

17. Burial

Date thereof May 17, 1948  
(Burial, cremation, or removal, where?) (month) (day) (year)

Cemetery or cemetery

Reformed Cemetery

Location

Midletown, Md.

18. Funeral director

Gladhill C.

Address

Middleton, Md.

19. (1) Name

Eligette L. Heck  
(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Blad Midletown  
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

no

## 3. (b) Social Security Number

none

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

May 15 1948 at 12 noon

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 1 1946 to May 15 1948

and that I last saw h. i m. alive on May 14 1948

## Immediate cause of death

Cerebral hemorrhage

DURATION

5 days.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

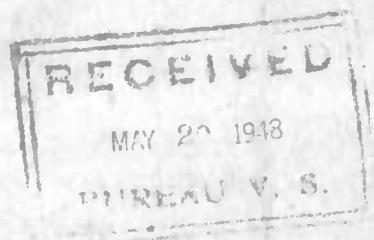
Means of injury

Injured at work?

## 23. SIGNATURE

Bernard Hawkins, M.D.  
Fred K. Ward  
D. or other  
Date signed 5/17/48

0981  
68  
6761



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05002

## CERTIFICATE OF DEATH

83a

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County **Frederick**Town **Jefferson**

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

**ABRAHAM HEMP, JR.**

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

**Maude Doty**

7. Birth date of deceased (mo., day, yr.)

**March 29, 1869**6. (c) If alive, give age **66** years

8. AGE:

Years **79**Months **1**Days **12**

It less than one day

hrs. .... min.

9. Birthplace

**Jefferson-Frederick-Maryland**

(Town, county, and state)

10. Usual occupation

**Live Stock Dealer**

11. Industry or business

**Own Business**

MOTHER FATHER

**Abraham Hemp**

MOTHER

**Frederick County Maryland**

14. Maiden name

**Hannah Slifer**

15. Birthplace

**Frederick County Maryland**

16. Informant

**Mrs. Maude D. Hemp**

Address

**Jefferson, Maryland**

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof **5/13/48**

(month) (day) (year)

**Reformed Cemetery**

Cemetery or cemetery

**Jefferson, Maryland**

18. Funeral director

**M. R. Etchison and Son**

Address

**Frederick, Maryland**

19. Date rec'd by registrar

**19 May**

(Date rec'd by registrar)

**Elizabeth G. Heck**

Registrar

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State **Maryland**County **Frederick**City or town **Jefferson**

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

**None**

## 3. (b) Social Security Number

**None**

## MEDICAL CERTIFICATION

20. DATE OF DEATH

**May 11th 1948**at **6:55P**

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

**Jan 19 to May 11 1948**and that I last saw him alive on **May 11**

19 48

Immediate cause of death

**Cerebral Edema with****superimposed respiratory center**

Due to

**Cerebral Hemorrhage**

DURATION

**2 days**

Due to

**Arteriosclerosis****Generalized****Hypertension****4 Mo**

Other conditions

**Hypertension****10 yrs**

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

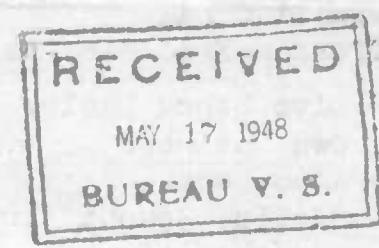
Injured at work?

23. SIGNATURE

**A. L. Etchison, M. D.**

M. D. or other

Address **Jefferson, Maryland**Date signed **5-12-48**



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05027

## CERTIFICATE OF DEATH

186a  
Reg. Dist. No. 131

## 1. PLACE OF DEATH

County

Frederick

City or town

Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

6 days

Hospital, institution, or street address where death occurred

Frederick Memorial Hospital

How long in hospital or institution?

6 days

## 3. (a) FULL NAME

Cora

Stauffer

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Widowed

6. (b) Name of husband or wife

Walter Stauffer

7. Birth date of deceased (mo., day, yr.)

Nov. 4-1865

6. (c) If alive, give age years

8. AGE: Years

Months

Days

If less than one day

82

6

30

hrs.

min.

9. Birthplace

Carroll County, Md.

(Town, county, and state)

10. Usual occupation

Florist

11. Industry or business

Retired

MOTHER FATHER

12. Name

David P. Smulser

13. Birthplace

Maryland

14. Maiden name

Sarah Cornell

15. Birthplace

Maryland

16. Informant

Eva Rhoads

Address

Washington, D. C.

17. Burial

Burial

(Burial, cremation, or removal. Which?)

Date thereof 5/27/48

(month)

(day)

(year)

Cemetery or crematory

Baptist Cemetery

Location

New Windsor, Md.

18. Funeral director

H. W. Hartzler &amp; Sons

Address

Union Bridge New Windsor, Md.

19. Date rec'd by registrar

1948

(Date rec'd by registrar)

Elizabeth G. Beck

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Carroll

City or town New Windsor

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

2D. DATE OF DEATH

May 24

1948

9:15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 15

1948

to May 24 1948

and that I last saw her alive on May 24 1948

1948

Immediate cause of death

Central Nervous System

Due to

Decline of Sys

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

E.P. Horner

M. D. or other

Federated

Date signed

May 25



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05003

94a

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 days

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? 6 days

## 3. (a) FULL NAME

Henry W. Hill Sr.

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Bessie Brashears Hill

6. (c) If alive, give age years

7. Birth date of deceased (mo. day, yr.)

Dec. 8, 1873

8. AGE:

Years  
74Months  
4Days  
27

If less than one day

hrs.  
min.

9. Birthplace

Maryland

(Town, county, and state)

10. Usual occupation

Retired track foreman

11. Industry or business

Railroad

MOTHER FATHER

12. Name

Christian Hill

13. Birthplace

Maryland

14. Maiden name

Elizabeth Nicklas

15. Birthplace

Maryland

16. Informant

Charles K. Hill

Address

Frederick Maryland

17. Burial

(Burial, cremation, or removal, which)

Date thereof May 8-1948  
(month) (day) (year)

Cemetery or crematory

Reformed Cemetery

Location

Kensville, Maryland

18. Funeral director

C. H. Hill & Sons

Address

Baltimore Maryland

19. Date rec'd by registrar

7 May 1948

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

May 5 1948 at 6:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 30 1948 to May 5 1948and that I last saw her alive on May 5 1948

Immediate cause of death

Pulmonary Edema 1 DayDue to Myocardial failure 4 DaysDue to Congestive heart 1 weekOther conditions Smoking overexertion

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

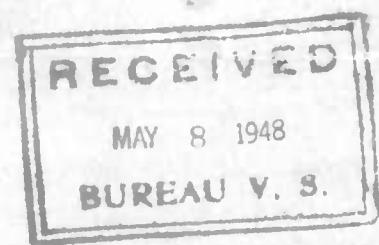
Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Jefferson Rd 571/48 Date signed



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct  
is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05004

107  
Reg. Dist. No. 141

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County

Frederick

City or town Brunswick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

7 South Virginia Ave

How long in hospital or institution?

## 3. (a) FULL NAME

Melvin Harold Hooper

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

## 6. (b) Name of husband or wife

## 7. Birth date of deceased (mo., day, yr.)

Feb. 15 1948

6. (c) If alive, give age — years

## 8. AGE:

Years 3 Months 10 Days

If less than one day hrs. min.

## 9. Birthplace

Maryland

(Town, county, and state)

## 10. Usual occupation

## 11. Industry or business

MOTHER

Name Melvin Hanson Hooper

## 13. Birthplace

Maryland

## 14. Maiden name

Nellie Mae Schaeffer

## 15. Birthplace

Pa.

## 16. Informant

M. H. Hooper

## Address

Brunswick Md

## 17. Burial

Date thereof May 29 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

## Cemetery or crematory

Reform

## Location

Hawthorne Md

## 18. Funeral director

G. H. Felt &amp; Son

## Address

Brunswick Md.

## 19. Date rec'd by registrar

May 28 1948

Katherine H. Brown

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland County Frederick

City or town

Brunswick

Street No.

7 S. Va. Ave

(If rural, give LOCATION)

## 2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 27 1948 to May 27 1948

and that I last saw him alive on May 27 1948

## Immediate cause of death

Bronchial pneumonia

DURATION

2 dd.

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

## Means of injury

Injured at work?

## 23. SIGNATURE

W. H. Hooper, M. D. or other

Address: 1001 Main St. - Va Date signed: May 28 1948

RECEIVED  
JUN 2 1948  
BUREAU Y. S.

M  
age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05005

85

Reg. Dist. No.

131

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County **Frederick**  
City or town **Rural- Frederick**  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? **Lifetime**Hospital, Institution, or street address where death occurred:  
**Frederick County Home**How long in hospital or institution? **2 years**

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State **Maryland** County **Frederick**City or town **Lewistown**  
(If outside city or town limits, write RURAL and give nearest town)Street No. **None**  
(If rural, give LOCATION)2.(a) If veteran, name war. **None**

## 3.(a) FULL NAME

**Blanche Edna Houck**

## 3.(b) Social Security Number

**None**

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) **September 22-1900**8. AGE: Years **47** Months **6** Days **0** If less than one day **hrs. 00** min. **00**9. Birthplace **Frederick County Maryland**  
(Town, county, and state)10. Usual occupation **House- Work**

## 11. Industry or business

12. Name	<b>Singleton E. Houck</b>
13. Birthplace	<b>Frederick County Maryland</b>

14. Maiden name	<b>Etta May Wood</b>
15. Birthplace	<b>Frederick County Maryland</b>

16. Informant	<b>Mrs. Guy L. Wolfe</b>
Address	<b>Frederick, Md.</b>

17. Burial	Date thereof <b>May 24-1948</b>
(Burial, cremation, or removal where)	(month) (day) (year)
Cemetery or <b>Mount Olivet Cemetery</b>	

Location	<b>Frederick, Md.</b>
18. Funeral director	<b>C.E. Cline and Son</b>
Address	<b>Frederick, Md.</b>

19. Date rec'd by registrar	<b>24 May 1948</b>
	<b>Elizabeth L. Houck</b>
	Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH **May 22nd.** 1948, at **3:30p.m.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

**Jan. 1, 1946, to May 22, 1948**and that I last saw her **alive on May 20, 1948**

Immediate cause of death

**Heart trouble**

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

**Bernard Hemash M.D.**

M. D. or other

Address **Fred K. Houck** Date signed **May 24, 1948**



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05006

167

## CERTIFICATE OF DEATH

131

Reg. Dist. No.

1. PLACE OF DEATH:  
County **Frederick**City or town **Frederick**  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? **?**Hospital, institution, or street address where death occurred:  
**106 East Street**

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)State **Maryland** County **Frederick**City or town **Frederick**  
(If outside city or town limits, write RURAL and give nearest town)Street No. **106 East Street**  
(If rural, give LOCATION)2.(a) If veteran, name war **World War II**

3.(a) FULL NAME

**EUGENE HOWARD**

3.(b) Social Security Number

4. Sex **M** 5. Color or race **C** 6.(a) Single, married, widowed, or divorced **Unknown**

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) **March 21, 1902** 6.(c) If alive, give age **years**8. AGE: Years **46** Months **1** Days **25** If less than one day **hrs. min.**9. Birthplace **Cairo, Illinois**  
(Town, county, and state)10. Usual occupation **Laborer**

11. Industry or business

12. Name **Unknown**13. Birthplace **Unknown**14. Maiden name **Unknown**15. Birthplace **Unknown**16. Informant **Army of the United States Discharge**

Address

17. Burial **Burial** Date thereof **5/19/48**  
(Burial, cremation, or removal where?)Cemetery or crematory **Fairview Cemetery** (month) (day) (year)Location **Frederick, Maryland**18. Funeral director **M. R. Etchison and Son**Address **Frederick, Maryland**19. **18 May** 1948  
(Date rec'd by registrar)**Elizabeth G. Heck**

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH **16 May** 1948 at 1:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Never **dead** 19. to 19. **16 May** 1948  
and that I last saw him **alive** on **16 May** 1948

Immediate cause of death

**Laceration of liver. Multiple**  
**Stab Wounds** **dead** **16 May** 1948

DURATION

**16 May** 1948

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide **Homicide** Date of **16 May 1948**Where did injury occur? **Frederick** **Frederick** Maryland (City or town) (County) (State)Injured at home, farm, industry, public place (where?) **Home**Means of injury **Assault with knife** Injured at work? **No**23. SIGNATURE **Charles E. Conley, M.D.**  
and **Sig. not from M. D. or other**Address **Frederick, Md.** Date signed **17 May 1948**

RECEIVED

MM 20 1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05007

50 X  
Reg. Dist. No. 141

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

County

Frederick

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

3 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Helen Catherine Kepler

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Vincent S. Kepler

7. Birth date of deceased (mo., day, yr.)

Aug 15 1900

6. (c) If alive, give age

49 years

8. AGE:

Years      Months      Days      If less than one day

47

9

9

hrs.      min.

9. Birthplace

Maryland

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

None

MOTHER

12. Name

Evelyn W. Pohl

13. Birthplace

West Virginia

14. Maiden name

Evelyn Remmey

15. Birthplace

Maryland

16. Informant

Vincent S. Kepler

Address

Knoxville Md

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof May 29 1948

(month) (day) (year)

Cemetery or crematory

Baptist

Location

Middleton Maryland

18. Funeral director

C. H. Gandy Esq

Address

Brunswick Md

19. Date rec'd by registrar

May 26 1948

(Date rec'd by registrar)

Katherine J. Brown

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Frederick

City or town

Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No.

Main Brunswick

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

May 24 1948, at 3:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 5 1948 to May 24 1948

and that I last saw her alive on May 24 1948

Immediate cause of death

Carcinoma. Breast - left.  
with generalized metastasis.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

G. P. Smith, M.D.

or other

Address: Brunswick, Md. Date signed: 5-25-48

malacis  
melanotic



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legible.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05008

## CERTIFICATE OF DEATH

469<sup>y</sup>  
Reg. Diat. No. 131

## 1. PLACE OF DEATH:

County

Frederick

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Lifetime

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

5 days

## 3. (a) FULL NAME

King M. Albert Essex

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male

white

married

6. (b) Name of husband or wife

Lola E. King

7. Birth date of deceased (mo., day, yr.)

3-30-1876

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

72

1

1

.00

9. Birthplace

Frederick County - Md.

(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

MOTHER FATHER

12. Name

James H. King

13. Birthplace

Frederick Co. Md.

14. Maiden name

Mary E. Essex

15. Birthplace

Washington - D. C.

16. Informant

Mrs. Albert E. King

Address

Frederick - Md.

17. Burial

(Burial, cremation, or removal. Where?)

Date thereof 5-4-48  
(month) (day) (year)

Cemetery or crematory

Mt. Olivet Cemetery

Location

Frederick - Md.

C. E. Cline &amp; Son

18. Funeral director

Address

Frederick - Md.

19. Date rec'd by registrar

3 May 1948

(Date rec'd by registrar)

Elizabeth L. Hack.  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Frederick

City or town

Frederick - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.

East of Frederick

(If rural, give LOCATION)

2. (a) If veteran, name war

None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH

May 1

1948 at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 27 1948 to May 1 1948

and that I last saw him alive on May 1 1948

Immediate cause of death

Carcinoma of Head of Pancreas

Due to

DURATION

1 mo.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Carcinoma of Head

of Pancreas

Date of op. April 30, 1948

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

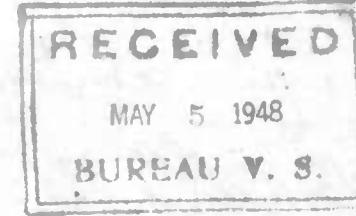
23. SIGNATURE

A. A. Pearce, M.D.

M. D. or other

Address

Frederick, Md. Date signed 5/1/48



M  
age

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05099  
170C

## CERTIFICATE OF DEATH

131

Reg. Dist. No.

## 1. PLACE OF DEATH:

County: Frederick

City or town: Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

1 Week

How long in hospital or institution?

## 3. (a) FULL NAME

SPENCER WORTHINGTON KINSEY

## 4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M

W

D

6. (b) Name of husband or wife

Dorrene Reaver

7. Birth date of deceased (mo., day, yr.)

April 9, 1897

6. (c) If alive, give age years

49

## 8. AGE:

Years

Months

Days

If less than one day

51

0

27

hrs.

min.

9. Birthplace

Montgomery County Maryland

(Town, county, and state)

10. Usual occupation

Foreman

11. Industry or business

M. J. Grove Lime Co.

MOTHER FATHER

Clarence Kinsey

13. Birthplace

Montgomery County Maryland

14. Maiden name

Lela Worthington

15. Birthplace

Harford County Maryland

16. Informant

Mrs. Lottie Devilbiss

Address 210 E. 6th St., Frederick, Md.

Burial

Date thereof 5/9/48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Central Cemetery

Location

Near New Market, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. Date rec'd by registrar

1948

Elizabeth S. Heck

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 210 East Sixth Street

(If rural, give LOCATION)

2. (a) If veteran, name war: None

## 3. (b) Social Security Number

214-10-4493

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 6th 1948 at 11:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 10 18

and that I last saw him DEAD May 6th 1948

Immediate cause of death: Respiratory

Glaucoma

Influenza

7 days

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of 5/1/48

Where did injury occur? West Unionville Frederick, Md.

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Route 26

Means of injury: Trees

Injured at work? Yes

R. W. Barr

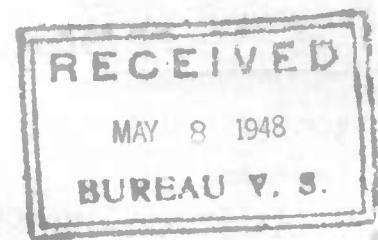
Deputy Medical

Examiner

M. D. or other

23. SIGNATURE: Frederick, Maryland Date signed 5-6-48

Address:



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

05010

## CERTIFICATE OF DEATH

Reg. Dist. No. 141

## 1. PLACE OF DEATH:

County Frederick  
 City or town Brunswick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 26 yrs.Hospital, institution or street address where death occurred: 205 West B.

How long in hospital or institution?

## 3. (a) FULL NAME

Hillian Blanche Shaffer Knode

## 3. (b) Social Security Number

## 4. Sex

## 5. Color or race

## 6. (a) Single, married, widowed, or divorced

F W Married

## 6. (b) Name of husband

William Luther Knode

## 7. Birth date of deceased (mo., day, yr.)

## 6. (c) If alive, give age..... years

JUNE 24, 1884

## 8. AGE:

Year	Months	Day	If less than one day
<u>63</u>	<u>10</u>	<u>24</u>	hrs. min.

## 9. Birthplace

Brunswick, Maryland  
 (Town, county, and state)

## 10. Usual occupation

House wife

## 11. Industry or business

Frederick Shaffer

## MOTHER FATHER

Munice, Germany

## 14. Maiden name

Lydia Ann Alexander

## 15. Birthplace

Knoxville, Maryland

## 16. Informant

Wm. L. Knode

## Address

205 W. B St., Brunswick, Md.

## 17. Burial

(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)  
May 21, 1948

## Cemetery or removal

St. Mark's EpiscopalPetersville, Fred. Co., Md.

## Location

Jesse S. Bailey

## 18. Funeral director

320 W. Potomac St., Brunswick, Md.

## Address

Eugene H. Burks

## 19. Date rec'd by registrar

5-20 1948

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Brunswick (If outside city or town limits, write RURAL and give nearest town)Street No. 205 West B. (If rural, give LOCATION)

## 2.(a) If veteran, name war

## MEDICAL CERTIFICATION

2D. DATE OF DEATH May - 18 1948 at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May - 27 1947 to May - 18 1948and that I last saw her alive on May - 17 1948

## Immediate cause of death

Chronic Hypertensive Nephritis  
Acute congestive Heart Failure

## DURATION

?  
1 wk.

## Due to

## Due to

## Other conditions

(Include pregnancy within 8 months of death)

## Major findings or operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

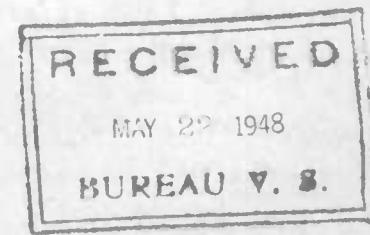
Injured at home, farm, industry, public place (where?)

## Means of injury

Injured at work?

## 23. SIGNATURE

WB Conner M. D. or otherAddress Wyattville - Pa Date signed 5/19/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05011  
163-H

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:  
County **Frederick**  
City or town **Frederick**  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? **15 Months**  
Hospital, Institution, or street address where death occurred:  
**331 West Patrick Street**  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State **Maryland** County **Frederick**  
City or town **Frederick**  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. **331 West Patrick Street**  
(If rural, give LOCATION)  
None  
2.(a) If veteran, name war?

3. (a) FULL NAME  
**RUTH LEONARD**

3. (b) Social Security Number  
**None**

4. Sex **F** 5. Color or race **W** 6.(a) Single, married, widowed, or divorced **M**

6.(b) Name of husband or wife **Vincent Leonard**

7. Birth date of deceased (mo., day, yr.) **January 24, 1899** 6.(c) If alive, give age **55** years

8. AGE: Years **49** Months **3** Days **15** If less than one day  
.....hrs. .....min.

9. Birthplace **Partlandville, New York**  
(Town, county, and state)

10. Usual occupation **At Home**

11. Industry or business  
FATHER **Frank E. Turk**  
12. Name **Frank E. Turk**  
13. Birthplace **Partlandville, New York**

MOTHER **Addie A. Fiero**  
14. Maiden name **Addie A. Fiero**  
15. Birthplace **Pine Hill, New York**

18. Informant **Vincent Leonard**  
Address **331 W. Patrick St., Frederick, Md.**  
17. Burial **Burial** Date thereof **5/11/48**  
(Burial, cremation, or removal) **Mount Olivet Cemetery** (month) (day) (year)  
Cemetery or crematory **Frederick, Maryland**

18. Funeral director **M. R. Etchison and Son**  
Address **Frederick, Maryland**

19. (Date rec'd by registrar) **11-May 1948** **Elizabeth G. Heeb.**  
Registrar

## MEDICAL CERTIFICATION

8:30 P.M.

20. DATE OF DEATH **May 8th 1948**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw her ~~alive~~ **dead** **May 9th 1948**Immediate cause of death **Anaphylaxis, Illuminating gas** DURATION **1 hour**

Due to:

Due to:

Other conditions:

(Include pregnancy within 8 months of death)

Major findings of operations:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Suicide Date of **5-9-48**  
Accident, suicide, or homicide **Frederick** (City or town) **Frederick** (County) **Md.** (State)Where did injury occur? **Frederick** (City or town) **Frederick** (County) **Md.** (State)

Injured at home, farm, industry, public place (where?)

Meane of Injury **Turned on gas stove** Injured at work? **No**23. SIGNATURE **Charles H. Conley, Jr., M.D.** Deputy Medical Examiner

M. D. or other

Address **Frederick, Maryland** Date signed **5-9-48**

RECEIVED  
MAY 13 1948  
BUREAU V. S.

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05012

## CERTIFICATE OF DEATH

93d Reg. Dia. No. 141

## 1. PLACE OF DEATH:

County FrederickCity or town Rural Crossville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Lola Loretta Lewis

## 3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

female white widow

6. (b) Name of husband or wife

Edward Lewis

7. Birth date of deceased (mo., day, yr.)

Sept. 9, 1896

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Burkittsville, Frederick Co., Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Martin Butcher

MOTHER FATHER

12. Name

Burkittsville, Md.

13. Birthplace

Carrie Travis

14. Maiden name

Burkittsville, Md.

15. Birthplace

Mrs. Samuel Grimes

16. Informant

Knoxville, Md.

Address

BurialDate thereof May 28, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Sharpsburg CemeteryLocation Sharpsburg, Md.18. Funeral director Bladhill Co.Address Middleton, Md.19. 5-27 1948 Eugenia K. Burke(Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md.County FrederickCity or town Rural Crossville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## MEDICAL CERTIFICATION

20. DATE OF DEATH

May 26, 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 4, 1948 to May 26, 1948and that I last saw him alive on May 25, 1948Immediate cause of death Cardiac failure

DURATION

Due to elective myomectomy

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

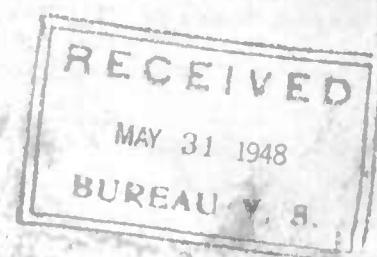
23. SIGNATURE

Or Phoebe MD.

M. D. or other

Address Baltimore, Md.

Date signed



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05013

## CERTIFICATE OF DEATH

93d  
Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County: Frederick

City or town: Point of Rocks

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death: 40 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

GEORGE WILLIAM LILLY

## 4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M

W

M

6. (b) Name of husband or wife

Dora Alice Yowell

7. Birth date of deceased (mo., day, yr.)

January 6, 1862

6. (c) If alive, give age

84

years

## 8. AGE:

Years

Months

Days

If less than one day

86

4

19

hrs.

min.

9. Birthplace

Rockingham County, Virginia

(Town, county, and state)

10. Usual occupation

Retired Watchmaker

11. Industry or business

George W. Lilly

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

17. Burial

18. Location

19. Funeral director

20. Address

21. Date thereof

22. Cemetery or crematory

23. Location

24. Means of injury

25. Signature

26. Address

27. Date rec'd by registrar

28. Date signed

29. M. D. or other

30. Address

31. Date signed

32. M. D. or other

33. Address

34. Date signed

35. M. D. or other

36. Address

37. Date signed

38. M. D. or other

39. Address

40. Date signed

41. M. D. or other

42. Address

43. Date signed

44. M. D. or other

45. Address

46. Date signed

47. M. D. or other

48. Address

49. Date signed

50. M. D. or other

51. Address

52. Date signed

53. M. D. or other

54. Address

55. Date signed

56. M. D. or other

57. Address

58. Date signed

59. M. D. or other

60. Address

61. Date signed

62. M. D. or other

63. Address

64. Date signed

65. M. D. or other

66. Address

67. Date signed

68. M. D. or other

69. Address

70. Date signed

71. M. D. or other

72. Address

73. Date signed

74. M. D. or other

75. Address

76. Date signed

77. M. D. or other

78. Address

79. Date signed

80. M. D. or other

81. Address

82. Date signed

83. M. D. or other

84. Address

85. Date signed

86. M. D. or other

87. Address

88. Date signed

89. M. D. or other

90. Address

91. Date signed

92. M. D. or other

93. Address

94. Date signed

95. M. D. or other

96. Address

97. Date signed

98. M. D. or other

99. Address

100. Date signed

101. M. D. or other

102. Address

103. Date signed

104. M. D. or other

105. Address

106. Date signed

107. M. D. or other

108. Address

109. Date signed

110. M. D. or other

111. Address

112. Date signed

113. M. D. or other

114. Address

115. Date signed

116. M. D. or other

117. Address

118. Date signed

119. M. D. or other

120. Address

121. Date signed

122. M. D. or other

123. Address

124. Date signed

125. M. D. or other

126. Address

127. Date signed

128. M. D. or other

129. Address

130. Date signed

131. M. D. or other

132. Address

133. Date signed

134. M. D. or other

135. Address

136. Date signed

137. M. D. or other

138. Address

139. Date signed

140. M. D. or other

141. Address

142. Date signed

143. M. D. or other

144. Address

145. Date signed

146. M. D. or other

147. Address

148. Date signed

149. M. D. or other

150. Address

151. Date signed

152. M. D. or other

153. Address

154. Date signed

155. M. D. or other

156. Address

157. Date signed

158. M. D. or other

159. Address

160. Date signed

161. M. D. or other

162. Address

163. Date signed

164. M. D. or other

165. Address

166. Date signed

167. M. D. or other

168. Address

169. Date signed

170. M. D. or other

171. Address

172. Date signed

173. M. D. or other

174. Address

175. Date signed

176. M. D. or other

177. Address

178. Date signed

179. M. D. or other

180. Address

181. Date signed

182. M. D. or other

183. Address

184. Date signed

185. M. D. or other

186. Address

187. Date signed

188. M. D. or other

189. Address

190. Date signed

191. M. D. or other

192. Address

193. Date signed

194. M. D. or other

195. Address

196. Date signed

197. M. D. or other

198. Address

199. Date signed

200. M. D. or other

201. Address

202. Date signed

203. M. D. or other

204. Address

205. Date signed

206. M. D. or other

207. Address

208. Date signed

209. M. D. or other

210. Address

211. Date signed

212. M. D. or other

213. Address

214. Date signed

215. M. D. or other

216. Address

217. Date signed

218. M. D. or other

219. Address

220. Date signed

221. M. D. or other

222. Address

223. Date signed

224. M. D. or other

225. Address

226. Date signed

227. M. D. or other

228. Address

229. Date signed

230. M. D. or other

231. Address

232. Date signed

233. M. D. or other

234. Address

235. Date signed

236. M. D. or other

237. Address

238. Date signed

239. M. D. or other

240. Address

241. Date signed

242. M. D. or other

243. Address

244. Date signed

245. M. D. or other

246. Address

247. Date signed

248. M. D. or other

249. Address

250. Date signed

251. M. D. or other

252. Address

253. Date signed

254. M. D. or other

255. Address

256. Date signed

257. M. D. or other

258. Address

259. Date signed

260. M. D. or other

261. Address

262. Date signed

263. M. D. or other

264. Address

265. Date signed

266. M. D. or other

267. Address

268. Date signed

269. M. D. or other

270. Address

271. Date signed

272. M. D. or other

273. Address

274. Date signed

275. M. D. or other

276. Address

277. Date signed

278. M. D. or other

279. Address

280. Date signed

281. M. D. or other

282. Address

283. Date signed

284. M. D. or other

285. Address

286. Date signed

287. M. D. or other

288. Address

289. Date signed

290. M. D. or other

291. Address

292. Date signed

293. M. D. or other

294. Address

295. Date signed

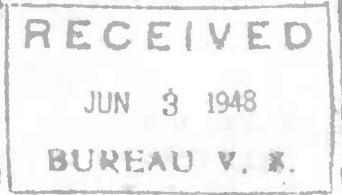
296. M. D. or other

297. Address

298. Date signed

299. M. D. or other

300. Address&lt;/div



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dia. No.

05014

131

## 1. PLACE OF DEATH:

County

City or town

Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 weeks

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

## 3. (a) FULL NAME

Roy H. Linton

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife

Anne Tom Linton

7. Birth date of deceased (mo., day, yr.)

April 7, 1880

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

68

37

hrs.

min.

9. Birthplace

Yellow Springs Fred. Co. Md.

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

Adam Linton

MOTHER

FATHER

Point of Rocks, Md.

MOTHER

Julianne Malotte

14. Maiden name

unknown

15. Birthplace

Mrs Roy H. Linton

16. Informant

Thurmont, Md. R.D. 1

Address

17. Burial

(Burial, cremation, or removal. When?)

Date thereof May 7, 1948  
(month) (day) (year)

Cemetery or cemetery

Garfield

Location

Garfield, Md.

18. Funeral director

M. L. Dreger &amp; Son

Address

Thurmont, Md.

19. Date rec'd by registrar

19. 6 May 1948

(Date rec'd by registrar)

Elizabeth G. Hinch

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State

Maryland

County

Frederick

City or town

Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

May 4 1948 at 11:55 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 12 1948 to May 4 1948

and that I last saw her alive on May 4 1948

Immediate cause of death

Cerebral hemorrhage

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Cerebral hemorrhage

Date of op April 25-48

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

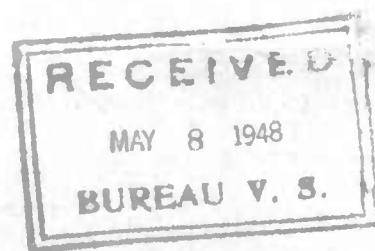
23. SIGNATURE

GP Thomas

M. D. or other

Address

Frederick 464 May 4 1948





PLEASE WRITE PLAINLY, WITH ENFADING INK. Supply every item of information carefully. The correctness of the information is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05015

## CERTIFICATE OF DEATH

Reg. Distr. No. 139

1. PLACE OF DEATH: Frederick  
County  
City or town... State Sanatorium, Maryland  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Since 2/13/47  
Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sanatorium  
How long in hospital or institution? Since 2/13/47

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State... Maryland County...  
City or town... Baltimore  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 316 E. 22nd St.  
(If rural, give LOCATION)

2.(a) If veteran, name war.

## 3. (a) FULL NAME

Lee Shin Loy

## 3. (b) Social Security Number

None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Yellow	Married

6.(b) Name of husband or wife

7. Birth date of deceased (mo. day, yr.) January 2, 1898

8. AGE: Years	Months	Days	If less than one day
50	4	13	hrs. min.

9. Birthplace... China  
(Town, county, and state)

10. Usual occupation... Laundryman

11. Industry or business

12. Name... Lee You Moon

13. Birthplace... China

14. Maiden name... Not known

15. Birthplace... China

16. Informant... James Wu (friend)

Address 316 E. 22nd St., Baltimore, Md.

17. Burial Date thereof May 18, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Lorraine Cemetery

Location... Bel Air, Md.

18. Funeral director... M. L. Creager &amp; Son

Address... 108 W. North Ave., Baltimore

Thurmont, Maryland

19. May 17 1948  
(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1948, at 9:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 13 1947, to May 15 1948.

and that I last saw h. in alive on May 15 1948.

Immediate cause of death... Pulmonary Tuberculosis

DURATION 8 yrs.

Due to...

Due to...

Other conditions...

(Include pregnancy within 8 months of death)

Major findings of operations...

Date of op.

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

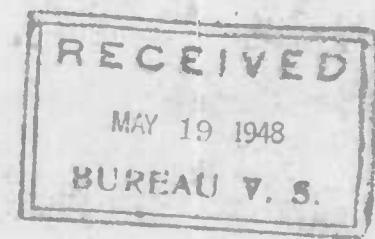
Injured at home, farm, industry, public place (where?)

Means of injury... Injured at work?

23. SIGNATURE R. B. Baccus

M. D. or other

Address... State Sanatorium, Md. Date signed 5/17/48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05016

## CERTIFICATE OF DEATH

462  
Reg. Dist. No. 131

1. PLACE OF DEATH:  
County..... Frederick  
City or town..... Frederick

(If outside city or town limits, write RURAL and give nearest town)

Now long in above place of death?  
Hospital, institution, or street address where death occurred:  
Frederick Memorial Hospital

How long in hospital or institution?

3. (a) FULL NAME  
CHARLOTTE MOTTER

4. Sex F Color or race W (a) Single, married, widowed, or divorced S

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)  
February 11, 1895

8. AGE: Years 53 Months 2 Days 21 If less than one day hrs. min.

9. Birthplace..... Emmitsburg-Frederick-Maryland  
(Town, county, and state)

10. Usual occupation..... School Teacher

11. Industry or business..... Public Schools

12. Name..... Joshua S. Motter

13. Birthplace..... Frederick County Maryland

14. Maiden name..... Leathey Stokes

15. Birthplace..... Frederick County Maryland

16. Informant..... Miss Ruth Motter

Address..... 4 E. 3rd St., Frederick, Md.  
Burial

Date thereof..... 5/4/48  
(Burial, cremation, or removal; which, (month) (day) (year))

Cemetery or crematory..... Mountain View Cemetery

Location..... Emmitsburg, Maryland

18. Funeral director..... M. R. Etchison and Son

Address..... Frederick, Maryland

19. Date rec'd by registrar..... 4 May 1948  
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State..... Maryland County..... Frederick

City or town..... Frederick  
(If outside city or town limits, write RURAL and give nearest town)

Street No..... 4 East Third Street  
(If rural, give LOCATION)

2.(a) If veteran, name war..... None

3. (b) Social Security Number..... None

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... May 2nd, 1948, at 9 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1, 1948, to May 2, 1948, and that I last saw her alive on May 2, 1948.

Immediate cause of death..... Intestinal Obstruction

DURATION

Carcinoma of Sigmoid

18 mo.

Due to..... with

Due to.....

Other conditions..... Colorectal tumor

(Include pregnancy within 3 months of death)

Major findings of operations..... Carcinoma of Sigmoid

Date of op. 2/4/1947

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

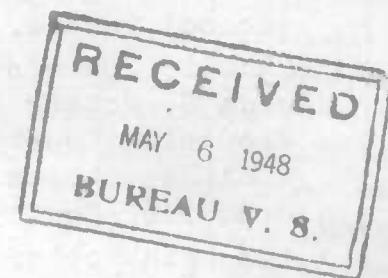
Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... A. A. Pearce M. D.

M. D. or other

Address..... Frederick, Maryland Date signed..... 5-3-48



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

50

05017

Reg. Distr. No. 631

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution? 2 Day s

## 3. (a) FULL NAME

Mollie F. Norris

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white Married

6. (b) Name of husband or wife Lawrence E. Norris

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age 59 years

8. AGE:

Years

Months

Days

If less than one day

64

3

1

hrs.

min.

9. Birthplace Burkittsville, Frederick Co., Md.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

Martin Flook

13. Birthplace

Burkittsville, Md.

14. Maiden name

Sarah Alexander

15. Birthplace

Burkittsville, Md.

16. Informant

Lawrence E. Norris

Address

Capitol, Md.

17. Burial

Date thereof 6-2-48  
(Burial, cremation, or removal when)

(month)

(day)

(year)

Cemetery or crematory

Pleasant View Cemetery

Location

Burkittsville, Md.

18. Funeral director

Bladhill Co.

Address

Middletown, Md.

19. Name

19-48

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md.

County Washington

City or town Capitol

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 30, 1948, at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 28, 1948, to May 30, 1948

and that I last saw her alive on May 30, 1948

Immediate cause of death

Cerebral Hemorrhage  
(embolism?)

Due to

Cerebral Hemorrhage

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operation

Hysterectomy

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

E.P. home

M. D. or other

Address

Frederick

Date signed June 5/48

RECEIVED

JUN 7 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

05018

Reg. Dist. No. 134

## 1. PLACE OF DEATH:

County FrederickRural Emmitsburg, R.D.1

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Joseph Robert Payne4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced MarriedMale White Married6. (b) Name of husband or wife Mary Lingg7. Birth date of deceased (mo., day, yr.) July 1. 1886 6. (c) If alive, give age 53 years8. AGE: Years 61 Months 10 Days 20 If less than one day hrs. min.9. Birthplace Emmitsburg, Frederick Co., Md. (Town, county, and state)10. Usual occupation Taxi Driver

## 11. Industry or business

12. Name Joseph E. Payne13. Birthplace Frederick, Md.14. Maiden name Margaret Gingell15. Birthplace Rockville, Md.16. Informant Mary E. PayneAddress Emmitsburg, R.D.1, Md.17. Burial Burial Date thereof May 24, 1948 (month) (day) (year)Cemetery or graveyard St. Joseph's CatholicLocation Emmitsburg, Md.18. Funeral director J. L. AllisonAddress Emmitsburg, Md.19. Date rec'd by registrar May 24 1948

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Rural, Emmitsburg, R.D.1

(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_ (If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1948, e/1205 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1930 19 to May 21 1948

and that I last saw him alive on May 20 1948

Immediate cause of death

congestive Heart failure DURATION 6 moDue to Hypertension cardio vascular disease DURATION Several years

Due to

Other conditions

(Include pregnancy within 8 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

## 23. SIGNATURE

M. D. or other

Address Emmitsburg, Md. Date signed May 24 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

059181

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County **Frederick**City or town **Frederick**

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? **19 Years**Hospital, institution, or street address where death occurred: **212 Rockwell Terrace**

How long in hospital or institution? .....

## 3. (a) FULL NAME

**DR. RUDOLPH M. RAU**

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widowed

6. (b) Name of husband or wife **Sallie Tetrick Rau**7. Birth date of deceased (mo., day, yr.) **June 1, 1871**

6. (c) If alive, give age ..... years

8. AGE: Years	Months	Days	If less than one day
76	11	25	..... hrs. ..... min.

9. Birthplace **Bolivar, Jefferson County, W. Va.**  
(Town, county, and state)10. Usual occupation **Retired Doctor**

## 11. Industry or business

12. Name	Rudolph Rau
13. Birthplace	Germany

14. Maiden name	Amalia Mylius
15. Birthplace	Germany

16. Informant	Mrs. J. Tyson Lee
Address	Frederick, Maryland

17. Burial	Date thereof <b>May 28, 1948</b> (Burial, cremation, or removal, where?)
Cemetery or crematory	<b>Mount Olivet Cemetery</b>

Location	<b>Frederick, Maryland</b>
18. Funeral director	<b>C. E. Cline &amp; Son</b>

Address	<b>Frederick, Maryland</b>
19. (Date rec'd by registrar)	<b>27 May 1948</b>

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State **Maryland** County **Frederick**City or town **Frederick**

(If outside city or town limits, write RURAL and give nearest town)

Street No. **212 Rockwell Terrace**

(If rural, give LOCATION)

**None**

2.(a) If veteran, name war .....

## 3. (b) Social Security Number

**None**

## MEDICAL CERTIFICATION

20. DATE OF DEATH **May 26th** 19 **48** at **11:55 P.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

**April 10, 1948** to **May 26, 1948**and that I last saw him alive on **May 26, 1948**

Immediate cause of death

**Cerebral Hemorrhage**

DURATION

**2 days**

Due to

**Gastroenteritis.**Other conditions **Gastroenteritis/Heart Disease + Chronic Arthritis.** 1 yr.

(Include pregnancy within 3 months of death)

Major findings of operations **None**

Date of op.

Autopsy results **None**

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

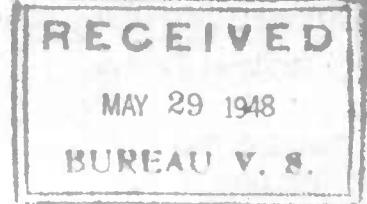
Means of injury

Injured at work?

23. SIGNATURE **A. A. Pearce, M.D.**

M. D. or other

Address **Fredonia, Md.** Date signed **5/27/48**





PLEASE WRITE PLAINLY, WITH UNT FADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05020

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: **Frederick**  
County

City or town **State Sanatorium, Maryland**  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? **Since 4/12/48**

Hospital, institution, or street address where death occurred: **Maryland Tuberculosis Sanatorium**

How long in hospital or institution? **Since 4/12/48**

3. (a) FULL NAME  
**Francis J. Richards**

4. Sex <b>Male</b>	5. Color or race <b>White</b>	6. (a) Single, married, widowed, or divorced <b>Married</b>
--------------------	-------------------------------	-------------------------------------------------------------

6. (b) Name of his/her wife **Myrtle V. Richards**

7. Birth date of deceased (mo., day, yr.) **November 14, 1897**  
6. (c) If alive, give age **49** years

8. AGE: Years <b>50</b>	Months <b>5</b>	Days <b>28</b>	It less than one day hrs. <b>.....</b> min. <b>.....</b>
-------------------------	-----------------	----------------	-------------------------------------------------------------

9. Birthplace **Baltimore, Maryland**  
(Town, county, and state)

10. Usual occupation **Chaffeur**

11. Industry or business

12. Name **Frank Richards**

13. Birthplace **? unk.**

14. Maiden name **Mary E. McGee**

15. Birthplace **Baltimore, Md.**

16. Informant **Deceased**

Address

17. Burial **Burial** Date thereof **May 15, 1948**  
(Burial, cremation, or removal. Which?) Date (month) (day) (year)

Cemetery or crematory **Moreland Memorial**

Location **Baltimore, Md.**

18. Funeral director **M. L. Creager & Son**

Address **Thurmont, Maryland**

19. **May 12** 1948  
(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State **Maryland** County

City or town **Baltimore**  
(If outside city or town limits, write RURAL and give nearest town)

Street No. **2227 1/2 Calvert St.**

(If rural, give LOCATION)

2.(a) If veteran, name war **NO**

3. (b) Social Security Number

## MEDICAL CERTIFICATION

2D. DATE OF DEATH **May 12** 1948 at **1:20 A.M.**

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from **April 12** 1948 to **May 12** 1948 and that I last saw h. **im.** alive on **May 12** 1948

Immediate cause of death **Pulmonary Tuberculosis**  
DURATION **9 Mos.**

Due to:

Due to:

Other conditions:

(Include pregnancy within 8 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

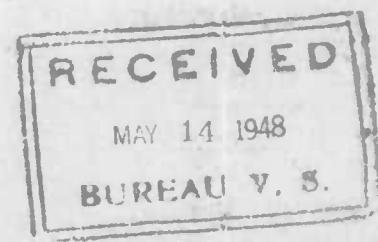
Means of injury

Injured at work?

23. SIGNATURE **R. B. Baccus**

M. D. or other **X**

Address **State Sanatorium, Md.** Date signed **5/12/48**



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1226

05021

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County

City or town

Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

## 3. (a) FULL NAME

Joseph M. Ridgeway

4. Sex

Male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Lydia B. Barr

6. (c) If alive, give age 46 years

7. Birth date of deceased (mo. day, yr.)

Jan. 15 1884

8. AGE:

Years 64 Months 4 Days 8 if less than one day hrs. min.

9. Birthplace

Virginia

(Town, county, and state)

10. Usual occupation

Br. &amp; R.R. Locomotive

11. Industry or business

Transportation

12. Name

Joseph Ridgeway

13. Birthplace

Virginia

14. Maiden name

Sarah Baker

15. Birthplace

Virginia

16. Informant

Mrs. Lydia B. Ridgeway

Address

Waverton Md.

17. Burial

Reformed

Cemetery or cemetery

Knowlton Md.

Location

Brunswick Md.

18. Funeral director

Co. N. F. F. &amp; B. Co.

Address

Brunswick Md.

19. 25 May 1948

(Date rec'd by registrar)

Elizabeth L. Heck

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Washington

City or town

Waverton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

—

(If rural, give LOCATION)

2. (a) If veteran, name war

—

3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

May 24 1948 at 9:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Cape St. 1948 to May 24 1948

and that I last saw him alive on May 24 1948

Immediate cause of death

Intestinal obstruction

Due to

Dysentery

Due to

Dysentery

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Obstruction

Date of op. May 24 1948

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

E.P. Jones M. D. or other

Address

Date signed May 24 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

## 1. PLACE OF DEATH:

Frederick

County

State Sanatorium, Maryland

(If outside city or town limits, write RURAL and give nearest town)

Since 10/12/37

How long in above place of death?

Maryland Tuberculosis Sanatorium

Since 10/12/37

## 3. (a) FULL NAME

Bryan L. Shannon

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Married

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) April 15, 1902

6.(c) If alive, give age

years

8. AGE:

Years

Months

Days

If less than one day

46

1

9

hrs.

min.

9. Birthplace West Virginia

(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

12. Name Edward Shannon

13. Birthplace West Virginia

14. Maiden name Louise Roberts

15. Birthplace Washington, D.C.

16. Informant Deceased

Address

17. Burial Date thereof May 26, 1948

(Burial, cremation, or removal. Which?)

Cemetery or Crematory Hilltop Cemetery

Location Frostburg, Md.

18. Funeral director O'Hagan Funeral Service

Address Frostburg, Md.

19. May 24 1948

(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

County Alley

City or town Frostburg

(If outside city or town limits, write RURAL and give nearest town)

Street No. 110 Bowery St.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 24

19 48 at 12:07 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 12 1937, to May 24 1948

and that I last saw him alive on May 24 1948

Immediate cause of death

Pulmonary Tuberculosis

DURATION

11 Yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work

23. SIGNATURE R. W. Baer M. D. XXXXX

Address State Sanatorium, Md. Date signed 5/24/48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05623

## CERTIFICATE OF DEATH

Reg. Dist. No. 147

PLEASE WRITE MAINLY WITH UNTADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## 1. PLACE OF DEATH:

County Frederick

City or town Mt. Airy

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Bessie M. Shipley

## 3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo. day. yr.)

May 19, 1870

8. AGE: Years

Months

Days

If less than one day

77

11

12

hrs.

min.

9. Birthplace

Baltimore, Md.

(Town, county, and state)

10. Usual occupation

None

11. Industry or business

Bradley &amp; Shipley

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 5-4-48  
(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. Date rec'd by Registrar

1948

Name of Registrars

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Mt. Airy (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2. (a) If veteran, name war

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 1, 1948 19 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated: That I attended deceased from April 27, 1948 19 to May 1, 1948 19.

and that I last saw her alive on May 1, 1948 19.

Immediate cause of death Intestinal Obstruction

Due to Carcenaoma of Colon 1 yr. (?)

Due to

Other conditions Chr. Myocarditis 3 yrs

(Include pregnancy within 3 months of death)

Major findings of operations none Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

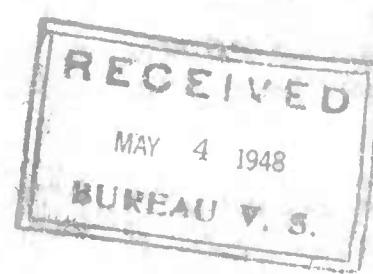
Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Stanley Grubill M. D. or other

Address Mt. Airy, Md. Date signed 5/3/48





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05024

## CERTIFICATE OF DEATH

Reg. Dist. No. 144

## 1. PLACE OF DEATH:

County

Frederick

City or town

Rocky Ridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

One year

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

SMITH, JACK

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age years

8. AGE: Years Months Days If less than one day

Approx 73

9. Birthplace (Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial (Burial, cremation, or removal. Which?)

Date thereof May 5, 1948  
(month) (day) (year)

Cemetery or crematory Montevue Cemetery

Location Frederick, Md.

18. Funeral director B. L. Pease &amp; Son

Address Germantown, Md.

19. May 5, 1948  
(Date rec'd by registrar)Blanche S. Eyley  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Rocky Ridge - rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

3 May

1948

at 1<sup>00</sup> A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Never 19. to 19.  
and thef I last saw him alive on 19. 48

Immediate cause of death

Cerebral Hemorrhage

DURATION

1 hr. (7)

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide...

Date of

Where did injury occur? (City or town) (County) (State)

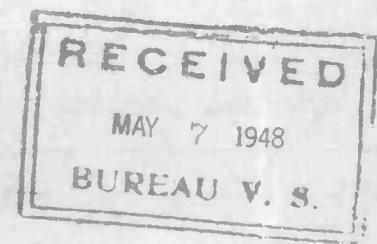
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Charles A. Copley, M.D.  
and wife, M.D. or other  
Address Frederick, Md. Date signed 5/3/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05025

## CERTIFICATE OF DEATH

83a

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County: Frederick

City or town: Frederick

(If outside city or town limits, write RURAL and give nearest town)

Lifetime

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Frederick Memorial Hospital

8 days

How long in hospital or institution?

## 3. (a) FULL NAME

Harry Milton Spaehr

## 4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

## 6. (b) Name of husband or wife

Lydia E. Heidinger

6. (c) If alive, give age 60 years

## 7. Birth date of deceased (mo., day, yr.)

June 30- 1885

## 8. AGE: Years

Months

Days

If less than one day

62

11

0

hrs.

min.

## 9. Birthplace

Woodsboro-Frederick Co. Md.

(Town, county, and state)

## 10. Usual occupation

Retired farmer and Lime Mfg.

## 11. Industry or business

## MOTHER FATHER

Milton O. Spaehr

## 13. Birthplace

Woodsboro, Md.

## MOTHER

Alice C. Ramsburg

## 14. Maiden name

## 15. Birthplace

Dublin, Md.

## 16. Informant

Mrs. H. M. Spaehr

## Address

10 College Ave.- Frederick, Md.

## Burial

Date thereof June 2-1948

(Burial, cremation, or removal, where)

(month) (day) (year)

## Cemetery or crematory

Mount Hope Cemetery

## Location

Woodsboro, Md.

## 18. Funeral director

C. E. Cline and Son

## Address

Frederick, Md.

## 19. Date rec'd by registrar

1 - June 1948

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 10 College Avenue

(If rural, give LOCATION)

2. (a) If veteran, name war: None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

May 30th

1948 at 9:30A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 21 1948 to May 30 1948

and that I last saw him alive on May 29 1948

1948

Immediate cause of death:

Due to: Cerebral Hemorrhage

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

## Major findings of operations:

Date of op.

## Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Mssns of injury

Injured at work?

## 23. SIGNATURE

Address

H. Stephen Heck

M. or other

Date signed

31-1948

RECEIVED

JUN 3 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct  
is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05026

93d

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County **Frederick**City or town **Frederick**

(If outside city or town limits, write RURAL and give nearest town)

**Lifetime**

How long in above place of death?

Hospital, institution, or street address where death occurred:

**68 South Market Street**

How long in hospital or institution?

## 3. (a) FULL NAME

**WILLIAM STEPHENS**

## 4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

**Male****White****Widowed**

## 6. (b) Name of husband or wife

**Annie May Gittings Stephens**

## 7. Birth date of deceased (mo., day, yr.)

**February 22, 1871**

6. (c) If alive, give age ..... years

## 8. AGE:

Years

Months

Days

If less than one day

77

2

24

..... hrs.

..... min.

## 9. Birthplace

**Liberty, Frederick County, Maryland**  
(Town, county, and state)

## 10. Usual occupation

**Printer**

## 11. Industry or business

## MOTHER FATHER

12. Name **John Stephens**13. Birthplace **Carroll County, Maryland**14. Maiden name **Sara C. Whitmore**15. Birthplace **Frederick County, Maryland**16. Informant **Mr. Ernest B. Stephens**Address **Frederick, Maryland**

## 17. Burial

Date thereof **May 19, 1948**

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or **crematory** **Mount Olivet Cemetery**Location **Frederick, Maryland**18. Funeral director **C. E. Cline & Son**Address **Frederick, Maryland**19. **18 May 1948**  
(Date rec'd by registrar)**Elizabeth L. Hack**  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State **Maryland** County **Frederick**City or town **Frederick**

(If outside city or town limits, write RURAL and give nearest town)

Street No. **68 South Market Street**

(If rural, give LOCATION)

2.(a) If veteran, name war

**None**

## 3. (b) Social Security Number

**None**

## MEDICAL CERTIFICATION

20. DATE OF DEATH **May 16th** 1948 at 1:00 P.M.

21. IDENTIFY that death occurred on the date above stated; that attended deceased from

**May 1 1948 to May 15 1948**

and that last seen alive on

Immediately cause of death

**Chronic Myocarditis**

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

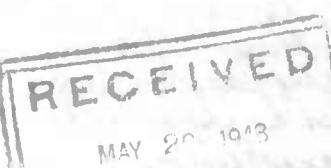
Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

170C

05028

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County

Frederick

City or town

Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Lifetime

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

20 hours

## 3. (a) FULL NAME

Jacob E. Summers

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male White Married

## 6. (b) Name of husband or wife

Mamie Carter Summers

6. (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.)

July 3, 1878

8. AGE:

Years 69

Months 10

Days 13

If less than one day

hrs.

min.

## 9. Birthplace

Frederick County, Md.

(Town, county, and state)

## 10. Usual occupation

Laborer

## 11. Industry or business

MOTHER FATHER

Martin S. Summers

Frederick County, Md.

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

17. Burial

18. Funeral director

19. Date rec'd by registrar

Mrs. Jacob E. Summers

Date thereof May 19, 1948

(Burial, cremation, or removal wholly)

Mount Olivet Cemetery

Frederick, Maryland

C. E. Cline &amp; Son

Frederick, Maryland

Elizabeth S. Heck

Frederick, Maryland

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 236 East 6th Street

(If rural, give LOCATION)

2. (a) If veteran, name war None

## 3. (b) Social Security Number

220-10-5621

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 16

1948 21 8 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

never dead 19 10 19

and that I last saw him alive on May 16, 1948

Immediate cause of death Multiple injuries, due to

Comp. great. falls, falls, etc.,

Perforation of rt. lung

Due to Possible fracture of skull

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of 15 May 1948

Where did injury occur? Frederick, Md.

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Street

Means of injury Struck by auto

Injured at work? No

23. SIGNATURE

John W. Corley, Jr., M.D.

and Reg. Med. Exem. D. or other

Address Frederick, Md. Date signed 17 May 48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

170 C

05029

131

Reg. Dist. No. ....

## CERTIFICATE OF DEATH

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:  
 County Frederick  
 City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? Since April 24, 1948

## 3. (a) FULL NAME

WARRICK RICHARD TAYLOR

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>S</u>
-----------------	---------------------------	-------------------------------------------------------

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) March 15, 1917

6. (c) If alive, give age..... years

8. AGE: Years 31 Months 1 Days 19 If less than one day  
..... hrs. ..... min.9. Birthplace Weston-Lewis-West Virginia  
(Town, county, and state)10. Usual occupation Laborer

## 11. Industry or business

12. Name John C. Taylor  
13. Birthplace Rollison, West Virginia14. Maiden name Mattha E. Ratliss  
15. Birthplace West Virginia16. Informant Theodore G. Taylor  
Address Morgantown, West Virginia17. Removal Removal Date thereof 5/5/48  
(Burial, cremation, or removal. When?) (month) (day) (year)Cemetery or crematory Weston, West Virginia  
Location18. Funeral director M. R. Etchison and Son  
Address Frederick, Maryland19. 5 May 1948  
(Date rec'd by registrar) Elizabeth S. Heck  
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)

State West Virginia County Lewis  
City or town Weston(If outside city or town limits, write RURAL and give nearest town)  
Street No. 684 Locust Avenue(If rural, give LOCATION)  
None

2.(a) If veteran, name war

## 3. (b) Social Security Number

232-285-916

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1948 at 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

..... dead 9 to 19  
and that I last saw h.s. alive on May 5 1948

Immediate cause of death

Generalized peritonitis 10 day  
Due to Arts as cedent

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations rupture of small  
intestine Date of op. 7.24.48

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide accident Date of 7.24.48Where did injury occur? Weston, Frederick Co. (City or town) (County) (State)Injured at home, farm, industry, public place (where?) home  
Means of injury Arts Injured at work? no23. SIGNATURE P. W. Barr Dwight W. Barr Ex.  
M. D. or otherAddress Frederick, Md. Date signed 5-8-48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

160 C

## CERTIFICATE OF DEATH

Reg. Dist. No.

05030  
131

## 1. PLACE OF DEATH:

County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Henderson Memorial Hospital

How long in hospital or institution?

## 3. (a) FULL NAME

FAY LOUISE  
Baby girl Thompson

## 4. Sex

## 5. Color or race

## 6. (a) Single, married, widowed, or divorced

Female White ✓

## 6. (b) Name of husband or wife

## 6. (c) If alive, give age..... years

## 7. Birth date of deceased (mo., day, yr.)

May 24 - 1948

## 8. AGE:

Years

Months

Days

If less than one day

0

0

0

2

hrs.

33

min.

## 9. Birthplace

(Town, county, and state)

## 10. Usual occupation

None

## 11. Industry or business

Roby E. Thompson

## MOTHER FATHER

## 12. Name

Roby E. Thompson

## 13. Birthplace

Maryland

## 14. Maiden name

Hazel E. Poff

## 15. Birthplace

Virginia

## 16. Informant

Mr. Roby E. Thompson

## Address

Baltimore, Md.

## 17. Burial, cremation, or removal (which?)

Burial

## Date thereof

5-25-48  
(month) (day) (year)

## Cemetery or cemetery

Montgomery Chapel

## Location

Coggeshall, Montg. Co. Md.

## 18. Funeral director

C. M. Waltz

## Address

Winfield, Md.

## 19. Date rec'd by registrar

24 May 1948

## Eligibility

Heck

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County BaltimoreCity or town Ridge Road - RuralStreet No. Randallstown Rd. 5

(If rural, give LOCATION)

## 2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1948 at 4:30 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 24 1948 to May 24 1948 and that I last saw him alive on May 24 1948.

## Immediate cause of death

Due to AnoxiaDue to Precipitate laborOther conditions Pressure on cord

(Include pregnancy within 3 months of death)

## Major findings or operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

## Means of injury

Injured at work?

## 23. SIGNATURE

Stanley Grubill M. D. or other

Address

Port Royal - Md Date signed 5/24/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

126

05031

131

Reg. Dist. No. ....

## CERTIFICATE OF DEATH

1. PLACE OF DEATH:  
 County Frederick  
 City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Life

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? Since May 20, 1948

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 804 East South Street(If rural, give LOCATION)  
None

2.(a) If veteran, name war.....

3. (a) FULL NAME

JAMES PATRICK TINNEY

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M6. (b) Name of husband or wife Anna E. Shelton7. Birth date of deceased (mo. day, yr.) December 5, 1880 6. (c) If alive, give age 58 years8. AGE: Years 67 Months 5 Days 17 If less than one day hrs. min.9. Birthplace Frederick-Frederick-Maryland

(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

12. Name James P. Tinney13. Birthplace Ireland14. Maiden name Louisa Hallwedle15. Birthplace Frederick County Maryland16. Informant Mrs. Anna S. TinneyAddress 804 E. South St., Frederick, Md.

17. Burial

(Burial, cremation, or removal, where)  
Mount Olivet Cemetery

Cemetery or crematory

Date thereof 5/25/48

(month) (day) (year)

Location Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 24 May 1948  
(Date rec'd by registrar)Elizabeth L. Heck  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1948 a.p. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 20 1948 to May 22 1948  
and that I last saw her alive on May 22 1948

Immediate cause of death

Coronary thrombosis

DURATION

1/2 hr.

Due to

Due to Cholecystectomy edge

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Cholelithiasis  
Date of op. 5/25/48

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE.....

M. R. Etchison and Son, Inc.  
May 22, 1948 Date signed



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

123

05032

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:  
County..... Frederick  
City or town..... Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution? Since April 26, 1948

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State..... Maryland County..... Frederick  
City or town..... Frederick-Rural R. F. D. #3

(If outside city or town limits, write RURAL and give nearest town)

Street No..... Yellow Springs

(If rural, give LOCATION)

2.(a) If veteran, name war..... None

## 3. (a) FULL NAME

SADIE ELLEN TWENTEY

4. Sex..... F 5. Color or race..... W 6. (a) Single, married, widowed, or divorced..... M

B.(b) Name of husband or wife..... George L. Twentey

7. Birth date of deceased (mo., day, yr.)..... September 14, 1878 8. (c) If alive, give age..... 69 years

8. AGE: Years..... 69 Months..... 7 Days..... 17 If less than one day..... hrs. .... min.

9. Birthplace..... Church Hill-Frederick-Maryland  
(Town, county, and state)

At Home

10. Usual occupation.....

11. Industry or business.....

J. Ezra Summers

12. Name..... J. Ezra Summers

13. Birthplace..... Frederick County Maryland

14. Maiden name..... Mary Palmer

15. Birthplace..... Frederick County Maryland

16. Informant..... George L. Twentey

Address..... R.F.D. #3, Frederick, Maryland

17. Burial..... Date thereof..... 5/3/48  
(Burial, cremation, or removal. Which?) Cemetery or cemetery.....

Brook Hill Cemetery

Location..... Yellow Springs, Maryland

M. R. Etchison and Son

18. Funeral director..... Frederick, Maryland

Address.....

VS A15

19. Date rec'd by registrar..... 3 May 1948

Elizabeth G. Heck

Registrar

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

May 1st, 1948, at 6:30A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 26, 1948, to May 1, 1948, and that I last saw her alive on April 31, 1948.

Immediate cause of death.....

Pulmonary Tuberculosis

DURATION

1/2 hrs.

Due to..... Following Hemorrhoidectomy of  
4 Brown Thorn bone

5 days

Due to..... Hemorrhoids

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings or operations..... Hemorrhoids c

Due to..... Hemorrhoids c Date of op. .... Op. 27-1948

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? ..... (City or town) ..... (County) ..... (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury..... Injured at work? .....

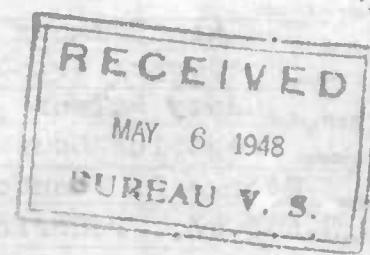
23. SIGNATURE..... Frank W. Shorter, M. D.

M. D. or other.....

Address..... Frederick, Maryland Date signed 5-3-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED 30 MAY 1948 BY THE STATE CHARTERED  
BUREAU OF INVESTIGATION  
RECEIVED 30 MAY 1948



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

464 X 05033

## CERTIFICATE OF DEATH

Reg. Dist. No.

131

## 1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 mo 9 days

Hospital, institution, or street address where death occurred:

Frederick Memorial Hosp

How long in hospital or institution? 1 mo 9 days

## 3. (a) FULL NAME

Ida Elizabeth Vandeypool

## 3. (b) Social Security Number

none

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Widow

6. (b) Name of husband or wife

Jessel L Vandeypool

7. Birth date of deceased (mo., day, yr.)

July 21, 1876

8. AGE:

Years

Months

Days

If less than one day

71

10

2

hrs.

min.

9. Birthplace

Rochester, New York

(Town, county, and state)

10. Usual occupation

house work

11. Industry or business

own home

MOTHER FATHER

12. Name

George Jones

13. Birthplace

7

14. Maiden name

Barbara Ann Roach

15. Birthplace

New York

16. Informant

Rev. Chas G. Owen

Address

Taneytown, Md.

17. Burial, cremation, or removal (which)

Burial Date thereof 5-25-48

(month) (day) (year)

Cemetery or mortuary

Mt. Hope Cemetery

Location

Rochester, New York

18. Funeral director

C. O. Fuss Son

Address

Taneytown, Md.

19. 23 - May 19

(Date rec'd by registrar)

Elizabeth L Tech  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Carroll

City or town Old Neytown (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## MEDICAL CERTIFICATION

20. DATE OF DEATH

May 23 1948 at 7:30 A.M.

Apr 14 1948 to May 23 1948

and that I last saw her alive on May 23 1948

Immediate cause of death

Carcinoma of Liver

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

## AUTOPSY RESULTS

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

E.P. Horner  
Frederick

Date signed May 23-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05034

838

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County

Frederick

City or town

Frederick

(If outside city or town limits, write RURAL and give nearest town)

Lifetime

How long in above place of death?

Hospital, institution, or street address where death occurred:

129 South Market Street

How long in hospital or institution?

## 3. (a) FULL NAME

Margaret Waters

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Single

## 6. (b) Name of husband or wife

6. (c) If alive, give age..... years

## 7. Birth date of deceased (mo., day, yr.)

June 25-1858

## 8. AGE:

Years  
89Months  
11Days  
5If less than one day  
..

hrs. .... min.

## 9. Birthplace

Frederick County Maryland

(Town, county, and state)

## 10. Usual occupation

Housekeeper

## 11. Industry or business

Home

## MOTHER FATHER

12. Name

Horatio Waters

13. Birthplace

Frederick, Md.

## 14. Maiden name

Rachael O. Hogg

## 15. Birthplace

Elkton, Maryland

## 16. Informant

Mrs. Harry Castle

Address

Frederick, Md.

## 17. Burial

Date thereof

June 1-1948  
(month) (day) (year)

(Burial, cremation, or removal)

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Md.

## 18. Funeral director

C.E. Cline and Son

Address

Frederick, Md.

## 19. I- June

19 48

(Date rec'd by registrar)

Elizabeth G. Heek  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Frederick

City or town

Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No.

129 South Market Street

(If rural, give LOCATION)

None

2.(a) If veteran, name war

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

## 2D. DATE OF DEATH

May 30th

19 48 at 1:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that the deceased from

May 29 1948 to May 30 1948  
and that I last saw her alive on May 29 1948

Immediate cause of death

Cerebral Thrombosis

DURATION

Due to

Cerebral Thrombosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

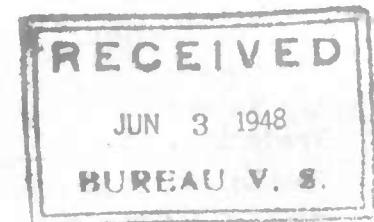
Means of injury

Injured at work?

23. SIGNATURE

Elizabeth G. Heek  
Hodson, Md. 21411  
Date signed 31-1-48

M. or other



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

107

05035

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: Frederick  
 County, Frederick  
 City or town (If outside city or town limits, write RURAL and give nearest town) Lifetime  
 How long in above place of death?  
 Hospital, Institution, or street address where death occurred: Frederick Memorial Hospital  
 How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Frederick  
 Street No. 15 East All Saints Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

3. (a) FULL NAME  
 Gary Wayne Weatherholt

3. (b) Social Security Number  
 None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) January 25-1948  
 6. (c) If alive, give age years

8. AGE: Years Months Days If less than one day  
 3 11 . . . . . hrs. . . . . min.

9. Birthplace Frederick County, Maryland  
 (Town, county, and state)

10. Usual occupation.

11. Industry or business

MOTHER FATHER  
 12. Name Jacob D. Weatherholt  
 13. Birthplace Moorfield, W. Va.

MOTHER  
 14. Maiden name Edith Ramsburg  
 15. Birthplace Frederick Co. Md.

16. Informant Jacob D. Weatherholt  
 Address Frederick, Md.

17. Burial Date thereof May 7-1948  
 (Burial, cremation, or removal, When?) (month) (day) (year)  
 Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Md.  
 18. Funeral director C.E. Cline and Son  
 Address Frederick, Md.

19. Le-Mary 1948  
 (Date rec'd by registrar) Elizabeth G. Hecke  
 Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 6th 1948 at 12:15a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 4 1948 to May 6 1948 and that I last saw him alive on May 5 1948

Immediate cause of death  
 Bilateral Cerebral Bronchitis  
 DURATION  
 5 days

Due to.

Due to.

Other conditions.

(Include pregnancy within 3 months of death)

Major findings or operations.

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE. R. W. Barr M. D. or other

Address Frederick, Md. Date signed 5/6/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The copy page is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

05425

## CERTIFICATE OF DEATH

Reg. Distr. No. 302

## 1. PLACE OF DEATH:

County Washington

City or town Maugansville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 18 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

CLARA B. WEAVER

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

John W. Weaver

7. Birth date of deceased (mo., day, yr.)

August 12, 1857

6.(c) If alive, give age.....years

8. AGE:

Years

Months

Days

If less than one day

90

9

19

hrs. ....min.

9. Birthplace

Franklin Co., Pa.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

John Railey

13. Birthplace

Penna.

MOTHER FATHER

Barbara Creager

15. Birthplace

Penna.

16. Informant

Moses R. Horst

Address

Maugansville, Md.

17. Burial

Date thereof 6/13/48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Reiff Cemetery

Location

Washington Co., Md.

18. Funeral director

W. J. Horst

Address

Hagerstown, Md.

19. (Date rec'd by registrar)

June 1, 1948

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Maugansville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

non-veteran

2.(a) If veteran, name war

## 3. (b) Social Security Number

none

## MEDICAL CERTIFICATION

20. DATE OF DEATH

May 31-48 12:15 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

1-1-48 to

and that I last saw her alive on 5-20-48 19.....

Immediate cause of death

Cardio vascular disease

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

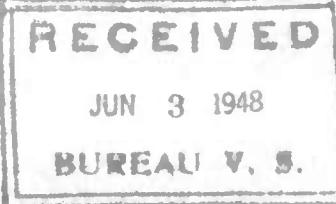
23. SIGNATURE

Address

M. D. or other

Date signed

12-70-201



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

05036

Reg. Dist. No. 144

1. PLACE OF DEATH: Frederick  
 County: Sabillasville  
 City or town: Sabillasville  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 60 years  
 Hospital, Institution, or street address where death occurred:  
 How long in hospital or institution?

46-  
 2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State: Maryland County: Frederick  
 City or town: Sabillasville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. NO  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war...

3. (a) FULL NAME  
 May Zean Williar

3. (b) Social Security Number  
 None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed  
 Charles A. Williar

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo. day. yr.) November 3, 1868 6.(c) If alive, give age ..... years

8. AGE: Years 79 Months 6 Days 18 It less than one day hrs. min.

9. Birthplace Lantz, Frederick Co., Md.  
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Frederick N. Willhide

FATHER 12. Name Frederick N. Willhide  
 13. Birthplace Lantz, Md.

MOTHER 14. Maiden name Mary E. Stull  
 15. Birthplace Thurmont, Md.

16. Informant Mrs. Paul Fry

Address Sabillasville, Md.

17. Burial Burial Date thereof May 24, 1948  
 (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)  
 Cemetery or crematory Blue Ridge

Location Thurmont, Md.

18. Funeral director M. L. Creager & Son

Address Thurmont, Md.

19. May 21, 1948  
 (Date rec'd by registrar)

Blanche S. Eyer  
 Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 5-21-1948 at 10:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

5-15-1948 to 5-21-1948

and that I last saw her alive on 5-20-1948

Immediate cause of death Carcinoma of Colon

DURATION 2 years

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

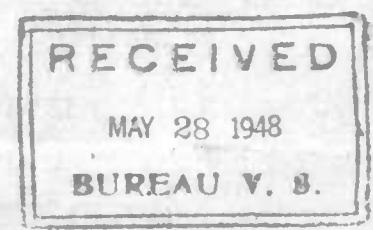
Accident, suicide, or homicide..... Date of.....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury..... Injured at work?

23. SIGNATURE Blue Ridge M. D. or other  
 Blue Ridge Summit, Pa. Date signed 5/22/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

486

05037

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Lifetime

How long in above place of death?

Hospital, Institution, or street address where death occurred:  
201 South Market Street

How long in hospital or institution?

## 3. (a) FULL NAME

CAROLINE R. WOLFORD

## 4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Separated

## 6. (b) Name of husband or wife

Raymond W. Wolford

6. (c) If alive, give age..... years

## 7. Birth date of deceased (mo., day, yr.)

November 29, 1883

## 8. AGE:

Years  
64Months  
5Days  
25

If less than one day

. hrs. . min.

## 9. Birthplace

Frederick, Frederick County, Md.

(Town, county, and state)

## 10. Usual occupation

Housekeeper

## 11. Industry or business

## MOTHER FATHER

12. Name Kunkle Ebberts

13. Birthplace Frederick County, Maryland

14. Maiden name Fannie Whitter

15. Birthplace Frederick County, Maryland

## 16. Informant

Mrs. Melvin Carbaugh

## Address

Frederick, Maryland

## 17. Burial

Date thereof May 27, 1948

(Burial, cremation, or removal, where)

(month) (day) (year)

Cemetery or crematory

Mount Olivet Cemetery

## Location

Frederick, Maryland

## 18. Funeral director

C. E. Cline &amp; Son

## Address

Frederick, Maryland

19. Date rec'd by registrar

1948

Elizabeth H. Hark

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 201 South Market Street

(If rural, give LOCATION)

None

2.(a) If veteran, name war

## 3. (b) Social Security Number

220-05-7368

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 21th 1948 at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 19 47 to May 24 1948

and that I last saw her alive on May 24 1948

Immediate cause of death:

Cancerous tumor

DURATION

Due to:

Due to:

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

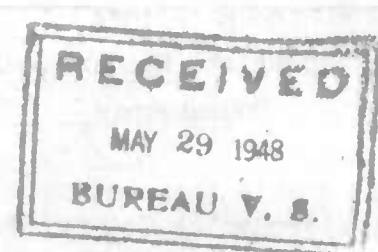
Injured at work?

23. SIGNATURE

Howard W. Cline M.D.

M. D. or other

Address Frederick, Md. Date signed 5-26-48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05038

## CERTIFICATE OF DEATH

139

Reg. Dist. No.

## 1. PLACE OF DEATH:

County..... Frederick

City or town..... State Sanatorium, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... Since 4/15/48

Hospital, Institution, or street address where death occurred:

Maryland Tuberculosis Sanatorium

How long in hospital or institution?..... Since 4/15/48

## 3. (a) FULL NAME

Andrew Jackson McClelland Zack

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

6. (b) Name of husband or wife.....

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) August 14, 1913

8. AGE: Years	Months	Days	If less than one day
34	9	1	hrs. min.

9. Birthplace..... Homer City, Pa. (Town, county, and state)

10. Usual occupation..... Salesman

11. Industry or business.....

12. Name..... Daniel M. Zack

13. Birthplace..... Homer City, Pa.

14. Maiden name..... Agnes M. Garnith

15. Birthplace..... ?

16. Informant..... Deceased

Address.....

17. (Burial, cremation, or removal. Which?) Date thereof..... May 18, 1948  
Cemetery or crematory..... Rose Hill Cem.

Location..... Hagerstown, Maryland

18. Funeral director..... M. L. Creager &amp; Son

Address..... Thurmont, Maryland

19. May 15 19 48 Date rec'd by registrar..... John J. Bryan Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Washington

City or town..... Hagerstown (If outside city or town limits, write RURAL and give nearest town)

Street No..... 411 W. Antietam St.

(If rural, give LOCATION)

2. (a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

2D. DATE OF DEATH..... May 15 19 48 26:10A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 15 19 48 to May 15 19 48 and that I last saw h. in alive on May 15 19 48

Immediate cause of death.....

Pulmonary Tuberculosis

DURATION

5 Mos.

Due to.....

Due to.....

Other condition.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE..... R. B. Beers

Address..... State Sanatorium, Md. Date signed..... 5/15/48

M. D. Doctor

